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4 mo	3. SE	X	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAYI IF UN	DERTYEAR IF US	INDER 24 HRS
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di di di			MED FORCES? 166 SOCIALS	ECURITY NO. 17 INF	ORMANT	ADDRE	SS	100	CAC
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ysicio ppers vol		18 CAUSE OF DEATH (Enter or	lly one couse per line for (o), (b	, and Ic		2120	4	APPROXIMATE BETWEEN ONSET	INTERVAL I AND DEATH
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is that the death conditions that the attending the stremove confidence of the condition, or or other troumation.		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	C ARREST					
equires a signed Then pla to buria	N O	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERM	INAL DISEASE OR CONE	)ITION GIVEN I	V PART 110	
low re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS	PERFORMED	20a AUTOPSY?	206. IF YES, WE	RE FINDINGS (	USED DEATHS
The la	RTIF					YES NO	YES [	) NO	0 🗍
Z zył O o T T B		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	DW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
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o the control of the		226. SIGNATURE	Ellefra	w DEGREE	DATTENDING PHYSICIAN	MEDICAL STAF	F	221. DATE SIGN	86
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(VRA 15, 4) Bryan W. Clary, 10 W. Padonia Rd. FFR 04 1006 Lie Javidan Pand							do Piz.		

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	1			STATE OF MARYLAND		
	1.	FOR - STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENBS 6	3 6 2 2
050404		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
056131		CEASED NAME FIRST	MIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be		GRACS	R.L. LR	AWFORD	FIBRUARY 17,	1986 6A. M.
0 1	3. 5E		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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6 32 500		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 1 2	1	IARYHAND	1). S.A.	WIDOWED DIVORCED		COUNTY MD.
1 11 1	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
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12 not 1 2	JUSU 11a.	AL RESIDENCE (# NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP COD	£ 21234
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of de by		underlying cause last	(c)			
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A TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN		-	tal) attended the deceased fram_	2/2 1086	2/17	19.86 tha (Dwe) last
THE STATE OF THE S		And the state of t		ond that in (my) (our) opinion	n death occurred on the date and ha	
Not A Med A		THE SIGNATURE	New the bady after death.	DEGREE		22c. DATE/SIGNED
The Contract of the Contract o		Veaua		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/20/86
PAR NO ST	1	27 PHYSICIAN'S NAME (TYPE C	OR PRINT]	22e ADDRESS		
TO HOSE		J. KLE	EMAN	7600 0	SLER BR TO	TWSON 2120
54 5413	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF CEMETERY OR CREMATORY		
BP	16	SURIAL	F8B.191984 M	loss Lann Man P	K. PARKVILLE B	ALTO MARYLAN
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(VRA 15, 4)	12	VANS CHAPELO	OF MEMORIES +	HARFORD ROAD	FEB 21 1986	a Davidson-Handason

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., MALTIMORE, MARYLAND 2

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

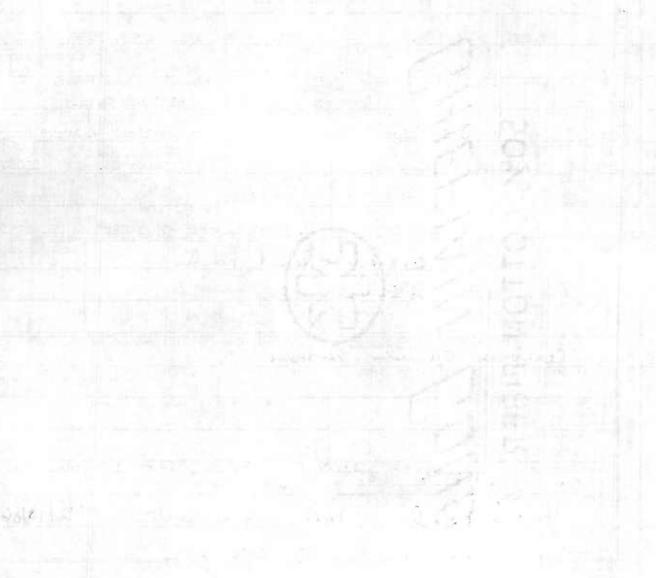
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0	<b>항</b> -	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENES (	REG. NO	0	3 6	2 3
		CEASED NAME F	AR	A	L		OCKETT	PEBRU	ARY 5		6	26 HOUR 4:45P <sub>M</sub>
	3. SE)	X MALE RTHPLACE (STATE OR FORE	4 RA	WHITE	WHAT COUNTRY?	S DATE C	DAY YEAR		52	YRS.	IF UNDER LYEAR	IF UNDER 21 HRS. HOURS MIN.
)	MA	RYLAND		U.S.	Α.	WIDOWE		BALT	IMORE			MD.
3		FORT HOWARD	v	A. M	EDICAL CI	ENTER	OR OTHER INSTITUTION	120 USUAL ( ITYPE OF WORL)  Opt			12b. KIND O INDUSTRY Monume	Optical ental
>	13a. S M	IARYLAND B.	HOME OR OTHER		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BALTIMOR	N	13d INSIDE CITY LIMITS?				AD/2120	07
)	75	ATHER'S NAME FIRST  EDGAR	MIDDE		CROCKETI		15 MOTHER'S MAIDEN N FIRST BLANCHE	AME	MIDDLE		CHARLOC	CK
1		VAS DECEASED EVER IN YES NO OR UNKNOWN] (1 YES	U.S. ARMED FYES GIVE WAR W.W.	OR DATES	215 14 8		Mrs. Mary E.	Crocke	ADDRE:	7406 altim	Brompto ore, MD	21207
		18 CAUSE OF DEATH (E PART I. DEATH WAS IM/	CAUSED BY				ARY ARREST				APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
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,	NOI	PART 2 OTHER SIGNIFIC	CANT CONE	DITIONS <u>CO</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR COND	ITION GIV	EN IN PART 110	0
	CERTIFICATION	19a DATE OF OPERATION	2	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES X		IN CERTIF	S, WERE FINDIN YING CAUSES S	OF DEATH?
1	_	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTERNA	TURE OF INJUR	IN ITEM 18 P.	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE C	OF INJURY BET FACTORY OFFICE, FA	NRM ETC )	211 LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
		220.1 certify that (14th) sow the deceased a above, (1Xwe) (did)	s hospital) of the on FE	EBRUAR w the body	Y 5	JANUA 86	ARY 23 19 86 od that in (My) (our) opinion		BRUAR d on the do		ond from the c	that (M(we) last causes stated
		226 SIGNATURE	in s	they	s leh	K		MEDICAL DIRECTOR	STAFI	: AN <b>X</b>	27c. DATE 5	
		WEN-SHYAN					VAMC, FORT	HOWARD	MD.	21052		
	(	BURIAL CREMATION, REA SPECIFY) Burial		DATE 2/8/8	6 La	ke Vi	emetery or crematory lew Memorial	Park Sy	kesvi	11e,	Carroll	STATE Marylan
	24 FU 872	NAME LOTING 18 Liberty Re	Byers oad Ra	Funerandall	al Direct	or, I	nc.	EBO7	1986	Sh. REGISTI	RAR'S SIGNATI	of dalle

DHMH - 16 60M 7/B4 (VRA 15, 4)

Mary Tolland

Ruck Towson Funeral Home, Inc. Towson, Md. 21204



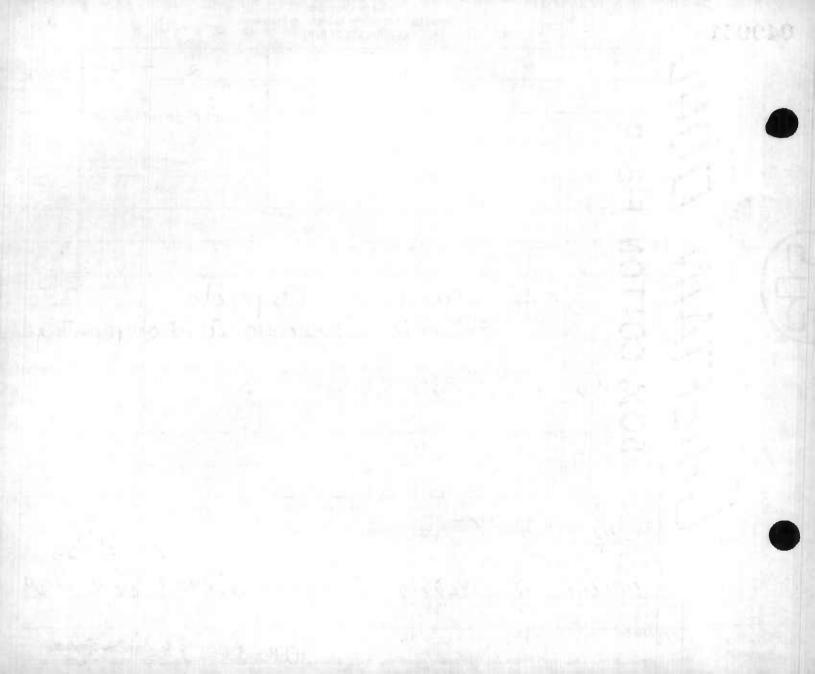
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事に生る様	3. SE	X	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE IN YEAR			R 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d HOUR
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5		ryland		U.S.A.			WIDOWE	-		Baltimo	re Cour	ntv	MD
		ITY OR TOWN	OF DEATH	11 NAME OF HO			OR OTHE	R INSTITUTION	12e USUA	OCCUPATION	TYPE OF WORK		JSINESS
į	1	Essex			gley I					emaker	)	OKINDOSI	KI
			(IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE			3d. INSIDE CITY LIMITS?	lu. cross	ADDDECC			
	1	ryland		imore	Esse					angley	Road		21220
		ATHER'S NAM	E	MIDDLE	-			15 MOTHER'S MAIL				1.00	
Y	Ch	arles		A.		man	1 3 3	Doroth	V	MIDDLE M.		Mekolon	
T	16a.	WAS DECEASE	DEVER IN U.S. AR	MED FORCES?		IAL SECURITY	NO.	17. INFORMANT	4			Dundalk	Ave.
	No	res, no, or unkni	(IF YES, GIVE	E WAR OR DATES)	213-	-68-901	2	Charles	Garman			MD.	
		18 CAUSE C	OF DEATH (Enter or	nly one couse per lin							20200	APPROXIMAT	E INTERVAL
	- 2	PARTID	EATH WAS CAUSE	D BY:		thanol	ism					BETWEEN ONSE	T AND DEATH
	1 3	Barri	IMMEDIA		AS A CON	SEQUENCE O	F						
	1 5		ins, if ony, which										
	1 3	couse (a	) stoting the under-	-	AS A CON	SEQUENCE O	F						
	15	lying co	use last.	(c)									
		PART 2 OTHER 5	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMIN	IAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a).				
	NO	100											
1	CERTIFICATION	19a. DATE O	FOPERATION	196 COND	TION FOR V	VHICH OPERA	TION WA	S PERFORMED?				20 AUTOPSY	?
1	F	0		AL 163								YES 🔀	NO 🗌
7			AL CAUSE WAS	21b. TIME O		DAY YEAR	21c HO	W INJURY OCCUR	RED LENTER HAT	URE OF INJURY IN IT	EM 18 PART 1 OR PA		
1	7		G OR ING CAUSE OF	DEATH P.A	۸.	19							
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		22a Leert	ify that I took chare	ge of the remojns de	scribed abov	e, held an	Autopsy	Inspect	on []	Inquiry .	and in my or	ninion	
		death result	/	ral cousse 🛛	Accident	Suice Suice		Homicide .		ined manner		pinon	
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ŀ	1	(TYPE OR PRI	NAME D	Dennis F.	Smyth	, M.D.	A	DDRESS 111	Penn S	t. Bal	to.MD.		
	23a.8	URIAL, CREMA	TION, REMOVAL	236 DATE	23c. N	AME OF CEM	ETERY OR	CREMATORY	23d. LOCA	TION	COU	INTY	TATE
	Bu	rial		2/19/1986	Chi	rist Lu	ther	an Cemete			600	Mary	
	24. F	UNERAL DIREC	CTOR Duda - R	uck, Inc.						CICTOAD 1264	REGISTRAR'S	SIGNATURE	106
	79	22 Wis	e Avenue	Dundal	k, Ma:	ryland	212	22 F	EB 21	1986 9	was David	Gon-Handa	

2501 Gwynns Falls Pkwy. Baltimore, /Md. 21216

(VRA 15, 4)

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE 049142 MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED William Cummings /19 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD Male White 21 31 54 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED [ DIVORCED Baltimore County U.S. 8. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION STYPE OF WORK 124 KIND OF BUSINESS rear of 10411 Cranbrook Hills Place Unemployed Cockeysville SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL TH STATE 1136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [ Md. Balto. Cockevsville 10768 York Rd. 21030 NO . EATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 2921 Schoolhouse (YES, NO. OR UNKNOWN) Ms. Dorothy Bentley Westminster, Md. Yes 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Thermal Injuries MAMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE PORWARDED TO THE OF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARIDAND, 2 TROLPROR TO BUIL 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR 1/23/ 19 86 subj. found in make-shift lean to after fire CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 WHILE AT WORK 10411 Cranbook Hills Place, Balto. Co., Md. lean to 22a. I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my apinian Accident X Notural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1/24/86 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Removal/ 2/6/86 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Anatomy Board Balto., Md. (VR A15 ME (51)

STATE OF MARYLAND

Sales of

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9 1-101		ATHER'S NAME		MIDDLE		LAST		15 MOTH	IER'S MAIDE	NAME	MI	DDLE		LAST	
W SEE A		azmirio				Dapkunas		DC 17. INFOR	rothy			ADDRESS		(unknow	
BALTIMORE RS AFTER DI GNE PAGE WITH FORM PAGES LI	(1	WAS DECEASE (ES, NO, OR UNKNO 10	D EVER IN U.S. A	IVE WAR OR D	ATES)	217-09-				kuna	261			2104 ster Av	_
95, 301 W. PRESTON ST. XECUTED WITH W. M. G.' IN FACIL IN TW. CAL PARKED AND ME BURIAL IT A STITE PRINT AND ARMIAL IT SAN ON, ON REPORT.	cause (a) stating the <u>under-lying cause last.</u>						OF		DN CIVEN IN THE	27.1				Jank	SET AND DEATH
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BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICA RE 3 SHOULD BE USED AS A BIL E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION "	CAL CERT	UNDERLYING	AL CAUSE WAS OR NG CAUSE O		HOUR A.M.	INJURY MONTH DAY YE		OW INJUR'	Y OCCURRE	D (ENTER NA	ATURE OF INJU	JRY IN ITEM 18 F	PART 1 OR PA		
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TO MEDICAL EXAMINER: TEXCUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORK TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STANDER MENTINORE, MARYLAND, 21		22a. 1 certi death result ACTUAL SIGNATURE.		arge of the tural cause		ribed abave, held an Accident ,	Autap	Hami		Undeter	Inquiry	nner ,	DATE	7/1	186
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	1,	FOR STATE		DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL F	YGIENE 6	3 6 2	2 9
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ode, p	3. SE	×	4 RACE		5. DATE OF BIRTH  MONTH  DAY  YEAR  9 - 16 - 189"	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	
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that the state of		underlying cause las	(c)	- Gc	my with	eclerose.	1	
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5 5 5 4 3 8		BURIAL, CREMATION, REMO			NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY	STATE
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(VRA 15, 4)	7	ferton M. OO.	- 752	7 dardo	d Ref.	FR 21 1006	La Jainda	Bulan

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100 1	FOR - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENES 5 0	3 6 3 1
	CEASED NAME PAUL	THORNDYKE D.	AY AY JR.	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR  1 96 11 20 M
1.5E		A RACE S. D. CAUCASIAN	ATE OF SIRTH MONTH DAY YEAR  2 /9 /3	AGE (IN YEARS LAST BIRTHDAY)  72  YRS.	MONTHS DATS HOURS MIN.
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1230	2/fusion	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  architect-draft	126. KIND OF BUSINESS OR INDUSTRY
3a. Ma	aryland Bal	other institution, give residence before admit TY 13c CITY OR TOWN timore Towson	13d INSIDE CITY LIMITS?	Normal Terra	če/21204
11/1/	Paul T.	Day Sr.	15 MOTHER'S MAIDEN NA!  Mary	Cecelia	Huston
6		WAR OR DATES) 214-10-95	NO. 17. INFORMANT 42 Paul T. Da	y III WEstmin	hes Shop Road ster,Md.21157
other troumotic event. The	8 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane cause per line for (a), (b), and (c).	of Homash E		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERM	inal disease or condition GI	VEN IN PART 11a
CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPEN	RATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
1/1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		21c. HOW INJURY OCCURR YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE, FARM E	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased from O FUNERAL DIRECTOR. saw the decaded ulive on 2/1 and that in (my) (aur) opinian death occurred an the date and hour and from the causes stated 17k SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 228 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE Oxford Buria1 COUNTY STATE 2-3-86

Oxford Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

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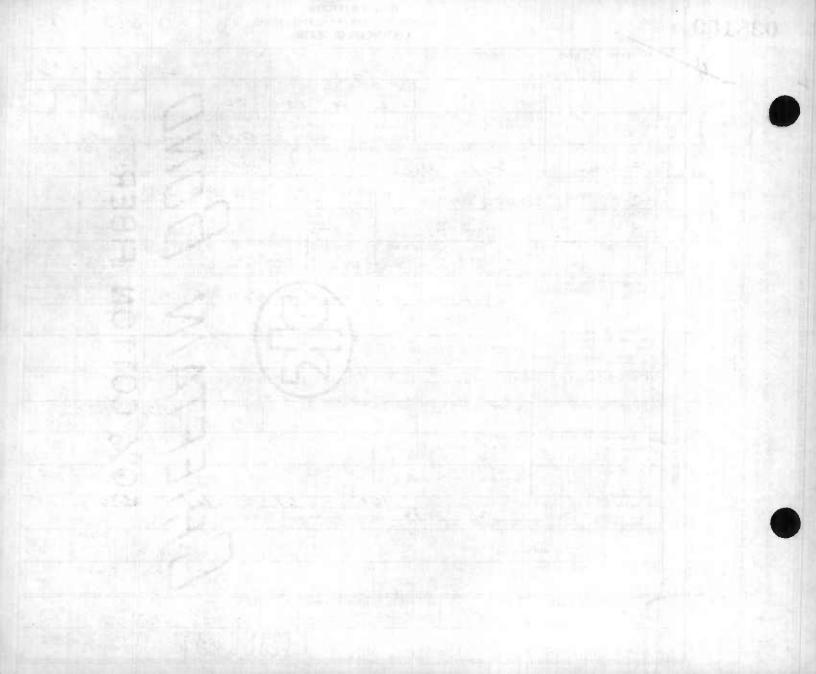
Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton, Md

Talbot 250 DATE RECU BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 0.5 1986

Md.



FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH DECEASED NAME FIRST 26 HOUR TYPE OR PRINTI Ida DeAngelis February 26, 1986 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX Jan. 18 1899 White 87 Female BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Italy U.S.A. Baltimore County WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS)
Franklin Square Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Seamstress Lamm Bros. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 207 S. East Avenue 21224 Baltimore YES TX Maryland NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Volpe LAST Elisa DeAngelis Luiqi 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 3734 Echodale Ave HE YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) 213-05-8445 Mr. Donald DeAngelis 21206 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c PART I. DEATH WAS CAUSED BY. Cardiopulmonary Arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Metastatic Cancer - Unknown Primary Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOI WHILE February 19 February 22a I certify that 🗶 (this hospital) attended the deceased from saw the deceased alive on February 26 19 86 ond that in the causes stated on the date and hour and from the causes stated abave. (Milwe) (did) (did) (in) view the body after depth DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Susan Kaye Pearson MD 9000 Franklin Square Drive 21237 23a BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR

actions. Beet demand the discussion of the 2.77 V 

STATE OF MARYLAND - STATE REGISTRAR 052042 REG. NO DECEASED NAME O DATE KNOWN X MONTH {TYPE OR PRINT} OF ESTI-DEATH MATED Roxann Defeo 14 19 86 SEX 4 RACE S. DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 1:30 DEAD 1986 14 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A MASSACHUSETTS DIVORCED Baltimore County I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! FOOD MARKET Cockevsville 1217 Rayville Road ASHIER UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS STATE BALTO BALTO NO X 1629 OLD EASTERN AVE 15 MOTHER'S MAIDEN NAME I. FATHER'S NAME HAZEL A. COLLINS FEO MICHAEL 60 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 166. SOCIAL SECURITY NO. IYES, NO, OR UNKNOWN) Mrs. Hazel A. Walters - 1835 JOHN DRIVE + 000 Mp. 210+0 HE YES, GIVE WAR OR DATES) 60-3268 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound of chest (handgun) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRAY SIT OF HEALTH AND MENTAL HY RIAL, CREMATION, OR REMO Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 198 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIEF TORK PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF 1 AND, 21201 PRIOR TO BURIA YES [ КХОИ 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR 14 10 86 self inflicted CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARD

TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE I
BALTIMORE, MARYLAND, 21201 house 1217 Rayville Rd, Cockeysville, Balto., MD. Inspection X 22a I certify that I took charge of the remains described obave, held on Autopsy Inquiry ond in my apinion death resulted fram? Homicide Undetermined manner Natural couses 2/15/86 EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St. Balto, MD. TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETER STATE 2-18-86 BALTO. GREENM OUNT CREMAT. 07/84 REMATION 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)

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(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2.

## FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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L		REGISTRAR			CERTIF	ICAIE OF DEATH		REG.	NO.		
31		CEASED NAME FIRST		MIDDLE	1	AST	20 D	ATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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81	1. SEX		1 RACE	<u> </u>	5. DATE C	OF BIRTH	6. AC	E (IN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
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-	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NUF	WIDOWE RSING HOME O	DIVORCED OR OTHER INSTITUTION		USUAL OCCUP.	ATION	LOUD!	OF BUSINESS OR
	B	nkiils		H FACILITY, GIVE ST	REET ADDRESS)	014		OF WORK FOR MO	T OF WORKING LIF		
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			E WAR OR DATES)	O LA LA	CURITINO.	I/ INFORMAINT	. 0		, RESS		
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91			E CAUSE (a)	chia	we o	bshuchu	e ru	umoro	ry deal	RIC	years
	.3.		DUE TO, O	R AS A CONSE	OUENCE OF						0
		Canditians, if any, which	( b)_						C. P.	(3.2.)	
		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSE	OUENCE OF					11.63	
		underlying cause last	(c)			The Valority of			134		
34		PART 2. OTHER SIGNIFICANT C			TO DEATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CO			
	CERTIFICATION	history of al	cohol ai	buse, 1	115tory	of peptic ula	ser a	1sease	a. 4161	Makon	,
2	CA	190 DATE OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20	a AUTOPSY?		WERE FINDI	
	E I						YE	S NO			NO DEATH
1	8	210. ACCIDENT WAS UNDERLYING	216. TIME O		DAY YEAR	21c. HOW INJURY OCC	CURRED (	ENTER NATURE OF	NJURY IN ITEM 18 P	ART FOR PART 2)	
Z	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	191		19						
5	EDIG	21d INJURY OCCURRED	21e PLACE			211 LOCATION		CITY OF	10wal	COUNTY	STATE
	×	NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY OFFI	ICE FARM ETC )	SIKEEL		CITYON	10414	COOMIT	STATE
		22a I certify that (1) Ithis haspi	tal) attended th	e deceased fra	m 9/2	0 19 14	5	0 2 1	27	19 86	that (1)(we) last
29		saw the deceased alive as abave (II)(we) (did did no	9/0	20	86 .01	nd that in (my) (aur) apin	nian death	accurred on the	date and hau		
		226. SIGNATURE	wiew the body	Offer agains 7	110	DEGREE				22s. DATE	SIGNED
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1		22d. PHYSICTAN S NAME IN TO	PRINT)	1000	109	TIL ADDRESS	DIKE	CIOK [] PHT.	SICIAIN [	ILSD-	00,1100
/	18.	Alinia A Ca	11-EN	ey.MD		111-	M		. 11	. ^^~	
1	22. 0	URIAL, CREMATION, REMOVAL	0,1		1. NAME OF C	LUTION	1 13	MOR	IAY H	OSPIT	HL
		SPECIFY)	23b. DATE	1 10001	O NAME OF C	EMETERY OR CREMATO	23 C	LOCATION	. 0	COUNTY	STATE
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FOR	DEPARTMENT OF I
- STATE REGISTRAR	CERTII

TE OF MARYLAND HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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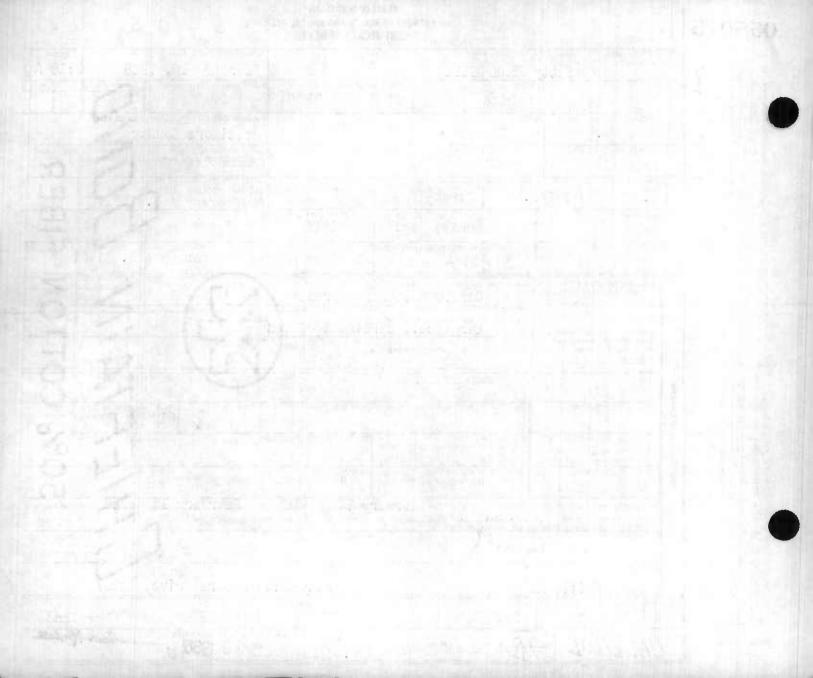
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		В												
-	3. SE)	. SEX 4 RACE				5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY	MONTHS	RIYEAR	IF UNDER	21 HRS	
		Female		White		June	6 PA1928 YEAR	57	YRS					
-	70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY?					ITRY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH						
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							OR OTHER INSTITUTION	120 USUAL OCCUPATION (1HOUSE WITTE OF WORKING LIFE) 1NDUSTRY			SSOR			
1					in Square Hospital			Hodsewife						
d	130 S	AL RESIDENCE (IF NURSING H	COUNT Balt	THER INSTITUTION,	13 CITY OR Essex	TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CO	DE				
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1	) FA	John MIDDLE			Dud1e3	sr.	Niltie					LAST		
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			nter only	one couse per	fine for (a), (	b), and (c),)					APPROXI	MATE INTÉL	RVAI	
		PART I. DEATH WAS CAUSED BY:  Cardio pulmonary Arrest  Cardio pulmonary Arrest										2145E1 MISE	DEMIN	
		WWW.DIRIE CAOSE 107												
		Conditions, if ony, which ( (b) Large cell carcinoma of lung												
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying couse last (c)												
		PART 2. OTHER SIGNIFIC	ANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION	IVEN IN	PART 10	)	-7.1	
	CERTIFICATION													
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	RTIF							YES NO YES			NO			
	CE	210. ACCIDENT WAS UNDERLY	h-mark	HOUR A.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	B PART I OR	PART 2)	9.6		
	CA	(IF EITHER NOTIFY MEDICALE)		P.,		19					-			
	MEDICAL	21d. INJURY OCCURRED	_	21e PLACE		FFICE, FARM, ETC	211. LOCATION STREET	CITY OF TO	WN	co	UNTY	5	STATE	
		WHILE NOT WHILE AT WORK												
		270. I certify that the display attended the deceased from Ephruary 14 19.86, to February 16 19.86, saw the deceased alive an February 16 19.86, and that in (m) (aur) apinion death accurred an the date and have and from the cobave, (i) (we) (did) (did-particles the body after death.											we) lost	
		obave, M) (we) (did) (	did ent	view the body	atter death.			death accurred an the d	are ond h				oted	
	10.7	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF								122		SIGNED		
		22d PHYSICIAN'S NAME	PHYSICIAN [	DIRECTOR PHYSIC	IAN M		2/1	6/86						
							9000 Franklin Square Drive, 21237							
-	22- 2	Adam Fail				22. NIAME OF F	EMETERY OR CREMATORY	1n Square D	1146	, 212	.37		-	
		Burial Burial	OVAL	236 DATE 2/19	/86	n Cemetery	23d LOCATION CITY OR TOWN Balt	imor	COUN	Mar	ylan	ATE .		
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		Tace Ave. 21221												

Fundal Home 300 Mace Ave. 21221

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

BP.



Loring Byers Funeral Directors. Inc.

8728 Liberty Road Randallstown, Maryland 21133

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Lake View Memorial Park

Svkesville

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Carroll

wia Davidson-Handelle

REG NO

26 HOUR

HOURS

IF UNDER 24 HRS

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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

SOURCE DEPOSIT OF X DELIVERY OF THE PROPERTY O

STATE OF MARYLAND 18a 3/21/86 Into F 613 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR DECEASED NAME O. DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-Nicholas DEATH MATED FRANCIS DIMLER 16 19 86 & AGE (IN YEARS IF UNDER 1 YR. 2d HOUR SEX 5 DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE White (AST BIRTHDAY) Male PRONOUNCED DEAD 16 1986 9 1932 BIRTHPLACE (STATE OR LOUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH U.S.A. Maryland WIDOWED [ DIVORCED Baltimore County O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS) 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OTWARKING LIFE) 4728 Aldgate Green Ornamental Arbutus SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13d. INSIDE CITY LIMITS? 4728 Aldgate Green Marvland NO M 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Lester Dimler Mary Frances Kirwan Francis 17 INFORMANT ADDRWestminster, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) LUFYES GIVE WAR OR DATES! Mary F. Dimler 406 Baldwin Pk. Dr. No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Malignant Melanoma (primary adrenal) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: Metastatic pheochromocytoma IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost SED AS A BUI HEALTH AN AL, CREMATI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION USED / 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HI
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES K NO T 210 EXTERNAL CAUSE WAS 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH 214 INJURY OCCURRED The PLACE OF INJURY (ATHOME III. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE COUNTY NOT WHILE AT WORK AT WORK Autopsy 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinion death resulted fram: Notural causes K\_ Homicide Accident Undetermined manner TITLE (SPECIFY) 2-17-86 DATE Assistant SIGNATURE MEDICAL EXAMINER 111 Penn St., Balto., MD EXAMINER'S NAME Ann M. Dixon, M.D. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 2.19.1986 Baltimore, Maryland 07/84 24. FUNERAL DIRECTOR Green Mount Crematory 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Walter Brooks Bradley Inc. Balto. (VR A15 ME (5)) Md. 21222

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DHMH - 16 60M 7/84 (VRA 15, 4)

UNERAL DIRECTOR

STATE OF MARYLAND

DATE REC'D. BY REGISTRARISS. REGISTRAR'S SIGNATURE

rule Day doon fandall

22c. DATE SIGNED

22-86

YEAR

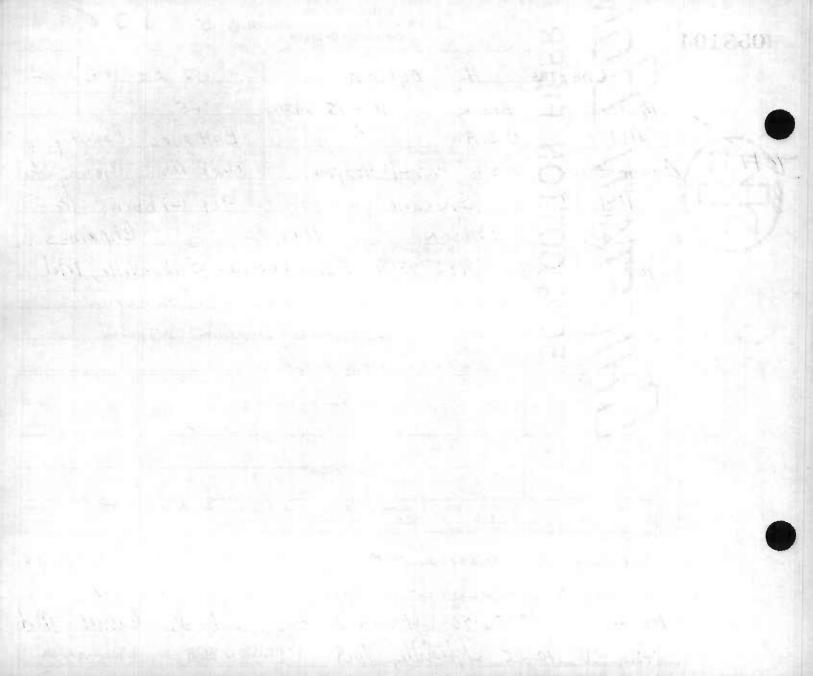
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12b. KIND OF BI INDLISTRY

APPROXIMATE INTERVAL

2b HOUR

IF UNDER 24 HRS



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH

REGISTRAN REG. NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b. HOUR THE ORPHIALL Sarah rainid 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) Female CaucaSIAA 10 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH E MINTHILACE ISTATE OR FOREIGN MARRIED NEVER MARRIED U.S.A. WIDOWED Maryland DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Perring Parkway Nursing Home SUAL RESTREAMENT (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) In STATE 13h COUNTY 13L CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2963 Keswick Road 21211 Baltimore YES X NO I Md 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST AVIDDER Grimes Ellen Basil Smith 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1643 Mussula Road Baltimore, Md. 2 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-78-0218 Martin Dodd No 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line folia), (b), and w PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) L'agre of Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT

90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [

21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11d. INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY CITY OF LOWN COUNTY

NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an \_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated

22h SIGNATUR DEGREE 22c. DATE SIGNED

PAT (2660

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) CITY OR TOWN 2/25/86 Meadworidge Memorial Pk. Burial 24 FUNERAL DIRECTOR

(AT HOME STREET FACTORY OFFICE FARM ETC.)

250. DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 3818 Roland Ave Baltimore, Md. 2121

PHYSICIAN DIRECTOR PHYSICIAN

Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

A. Alan Seitz, Jr.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 051111 REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWNXX 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED VO STOTHE FUNERAL DIRECTOR.
STAIN PAGE 5 FOR YOUR FILES.
OUR BE FILED WITHIN 72 HOURS.
CORDS 201 W PRESTON STREET. Lauren Donaldson Lacev 14 19 86 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Noon Nov. 22 1985 Female White DEAD 1986 14 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Baltimore County, DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Towson St. Joseph's Hospital ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE HE IN NUR Baldwin, Md. 30 STATE LECUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 4717 Carroll Manor Rd. 21013 Md. Balto. YES Baldwin 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Michael Graham Donaldson Lisa Lee Harms 16b. SOCIAL SECURITY NO 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 4717 Carroll Manor Rd. PAGES 1 DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. Graham M. Donaldson. Baldwin CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMI DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAMINER AL AS A BURIAL - TRANSIT Canditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse fast. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME 211. LOCATION 21d INJURY OCCURRED TO MEDIA.

EXECUTE THE CERTIFICATION OF A SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE 3: AFTER BEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.] STREET CITY OR TOWN STATE COUNTY WHILE AT WORK X 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian Natural causes XX deoth resulted fram: Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2/15/86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 2/17/86 St. John's Hydes, Ch. Gem Hydes, Balto. Md. 07/R4 25M 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S THATUS DHMH - 17 emmon, 10 W. Padonia Rd. (VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0560845 REGISTRAR REG NO TASED NAME MIDDLE 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-2-17-86 DEATH MATED CHARLES DORSEY 4 RACE FUNDER 24 HRS 2c. DATE DAY 2d HOUR LAST BIRTHDAY MONTHS DAYS HOURS PRONOUNCED MALE WHITE 56 DEAD 2-17-8619 7.260 TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. DIVORCED S WIDOWED Baltimore County IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY 1218 Elmridge Avenue Truck Drive Arbutus State IN STATE 113h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Maryland Baltimore YES 6-H Rockingham Court 21234 Carnev 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST John Hi 11 Dorsey, Sr. Henrietta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT (YES. NO. OR UNKNOWN) 220-22-3290 Margaret Grammer 1152 Elm Rd. 21227 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 3 SHOULD BE UDEPARTMENT OF PRIOR TO BUR NO W 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFIER DEATH, WITH THE SIS BALTIMORE, MARYLAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held on Autapsy Inquiry and in my opinion death resulted from: Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2-18-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Lorraine Park Cemetery Woodlawn Baltimore 07/84 BP. Burial 2/21/86 Md 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** 21229 June Durdon-Handere (VR A15 ME (5)) Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

STATE OF MARYLAND

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STATE OF MARYLAND REGISTRAR

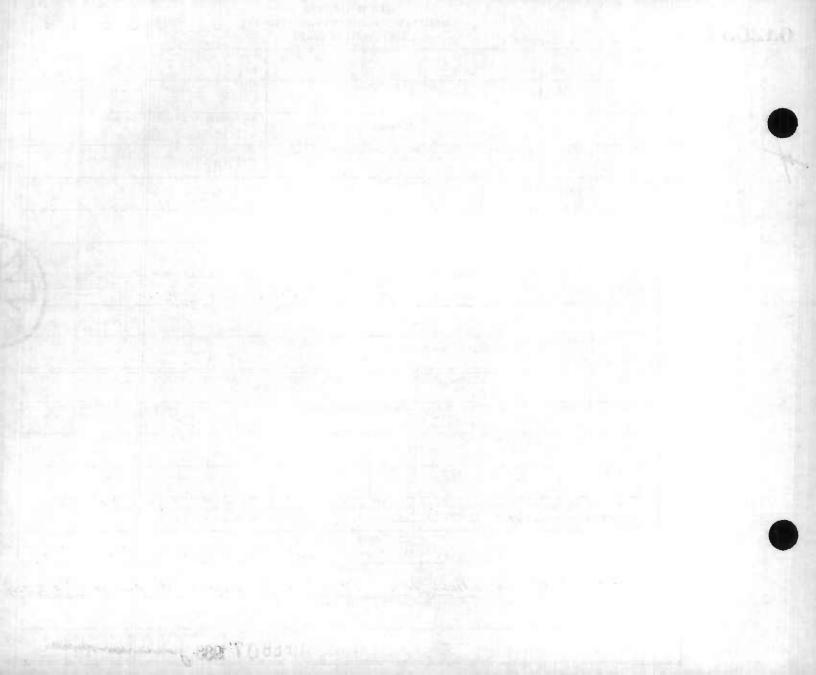
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

RI	EGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	0.		
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Ida WAS	S DECEASED EV		MED FORCES?	16b SOCIAL SECU		17 INFORM			ADDRI	ESS		150
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8 21	INJURY OCC		21e PLACE		19	21f LOCAT	ION					
씾				REET FACTORY OFFICE F	ARM, ETC.)	STREE			CITY OR TO	WN	COUNTY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR William C. March F/H West 4300 Wabash Avenue

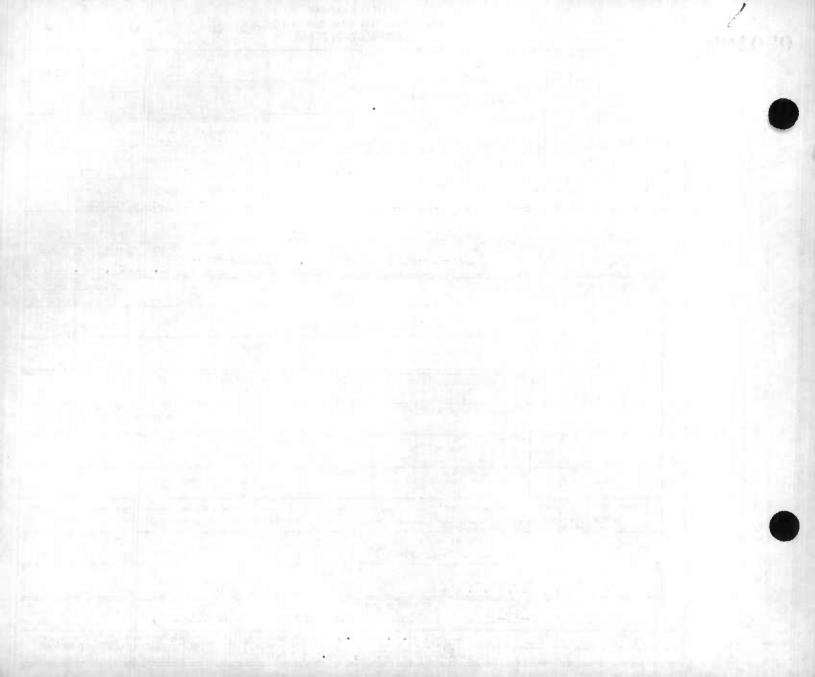
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MONTH 26 HOUR 13 186 02 10:10A 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY. 12b. KIND OF BUSINESS OR INDUSTRY own home 13e.STREET ADDRESS / ZIP CODE 10000 Brunswick Avenue Schleunig ADDRES 2370 Braddock Road Mt. Airy, Md. 21771 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE 24 HOURS 2 WEEKS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22c. DAYE SIGNED DIRECTOR PHYSICIAN X GBMC - 6701 N. CHARLES ST 21204 STATE Burial Washington, DC DC 2-17-1986 Glenwood Cemetery BP 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 11800 N.H. Ave., Hines Rinaldi Funeral Home DHMH - 16 60M 7/84 was bairdoon-namp Silver Spring, Md.

STATE OF MARYLAND



058029 /	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3 6 4 6			
ф ф ф		CEASED NAME FIRST MARGA	RET ANNA	DUFF	February 21,	1986 11:00 <sup>A</sup>			
ge 4 may	$F_0$	* emale	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR OI - OI - OB		IF UNDER LYEAR AF-UNDER 24 HRS MONTHS DAYS HOURS MIN.			
nerol dire		RTHPLACE (STATE OR FOREIGN COUNTRY) licott City,	75. CITIZEN OF WHAT COUNTRY  MdU. S. A.	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Baltimore				
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g physical grantificate riol-trons entitle Hyginal Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART ?}			
orendin fer this of sthe but hond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE			
CTOR: Action of for use of Health		saw the deceased alive on	ital) attended the deceased from 2/14/86 19 pt) yiew the body after death.	, and that in (my) (our) opinion	death accurred on the date and hou	19, that (I) (we) last or and from the causes stated			
ALOR A the hos ALDIREC detached of Dept.		27b. SIGNATURE	8		MEDICAL STAFF DIRECTOR PHYSICIAN	02 -21-86			
O HOSPITAL et onned by the TO FUNERAL should be deto with the State MAPORTANT: H		Allan Per	rez, M.D.		derick Rd.C	atousville 21228			
BP		BURIAL, CREMATION, REMOVAL   Burial	2/24/86 D.	NAME OF CEMETERY OR CREMATORY ruid Ridge Ceme;	23d LOCATION CITY OR LOWN	COUNTY			
DHMH - 16 50M 4/83 (VRA 15, 4)			ing Funeral Ave.: Catonsv	Estate, P.A. 250 DA	EB 25 985	A Marytana			

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A Company of the control of the cont

## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 050092 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1 DECEASED NAME (TYPE OR PRINT) J. Martin Feb. 10. 1986 poge . Duggan & AGE (IN YEARS LAST BIRTHDAY) 4 RACE S DATE OF BIRTH IE LINDED I VEAD 3. SEX MONTH Mule White ture 9 1920 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OCCUPATION atonsville Muchinist Meridian Nursing Balto. 13e STREET ADDRESS / ZIP CODE Md. atonsville L FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Martin Duggan Mary ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) Martin Atkinson 38 Highlields Dr. 18 CAUSE OF DEATH (Enter only one couse per line for 10). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on obove (1) we) (did) (aid not view the body after death 27h SHIPTATOR DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/84

BP.

the

24 FUNERAL DIRECTOR Weber Funeral Home 5311 Edmondson Ave. (VRA 15, 4)

236. DATE

230 BURIAL, CREMATION, REMOVAL

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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26. HOUR

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

	1 050	CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b HOUR
П		JOHN		LLIAM		NTY				5:10 P <sub>M</sub>
	2 553		4 RACE	LEGIAN	5 DATE C		FEBRUARY 4		IF UNDER 1 YEAR	1
	3. SE)	MALE	WHITE		MONTH	DAY YEAR		moxij	MONTHS DAYS	HOURS MIN.
21	1					. 10 1900	85	YRS.		
Z.		RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND		WHAT COUNTRY?	MARRIE	DX NEVER MARRIED	9 BALTIMORE CITY C			
Z	10		U.S.		WIDOWE		BALTIMOR			MD.
1		RT HOWARD		HOSPITAL, NURSII H FACILITY, GIVE STREE		OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST (			OF BUSINESS OR
2	POP	KI HOWARD		MEDICAL		R	Machinist			Governmer
-	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 71P COL	)E	
2		ARYLAND		BALTIMO		YES X NO	5924 ROBIN			21228
	14 FA	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ME		100	
10		WILLIAM	MIDDLE	DUNTY		ANNA	ELIZABET	Н	DONA	HIE
2		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	ADDR		DOM	IIIO E
1	0	YES NO OR UNKNOWN) (IF YES, GIV	WAR OR DATES)	218 42	3/4/0	CLINICAL REC	CORDS. VAMC	. FOR	T HOWAR	D. MD
		18 CAUSE OF DEATH (Enter or PART 1. DEATH WAS CAUSE	ly one couse per D BY-	RESPIRAT	ODV F	ATTIIDE			BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
			E CAUSE (o)	KESI IKAI	OKI FA	ALLUKE				
			DUE TO, O	R AS A CONSEOL	ENCE OF					
		Conditions, if any, which	( 1b)	ASPIRATI	ON PN	EUMONIA				
		gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQU	ENCE OF				J. David	
		underlying couse lost	(c)_	SEIZURE/						
	13	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 1	10
	CERTIFICATION	ASCVD & REC	JRRENT C	CVA'S						
1	CAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
for	Ī		F 1752				YES NO X		IFYING CAUSES	NO []
1	CER	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	PART I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	Un.	M. MONTH D						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE		19	ZII LOCATION				
	ME	WHILE NOT WHILE AT WORK AT WORK	(AT HOME STR	EET, FACTORY OFFICE	FARM ETC )	STREET	CITY OF TO	)WN	COUNTY	STATE
					o amon	77 0		** /	0.0	37
		220 I certify that X) (this haspi	tol) attended the	e deceased from.	OCTOR.	$\frac{\text{ER}}{2}$ 19 8 and that in ( $\frac{X_y}{2}$ ) (our) apinion of	5 to FEBRUAR	Y 4	, 19 <u>86</u> .	that (IX(we) last
		sow the deceased alive an above, (Ixwe) (did) (did ye	view the body	ofter death			death occurred on the d	ofe and ha		
		226. SIGNATURE	- /	-	0	DEGREE			22c. DATE	SIGNED
,		1 /Tuar Tru	edma	~ M		ATTENDING PHYSICIAN	MEDICAL STA	SIAN T	2-4	-86
7	100	22 PHYSICIAN'S NAME (TYPE O	RPRINT			22e ADDRESS				
		ALICE FRIED	MAN, M.	D.		VAMC, FORT I	HOWARD, MD.	2105	2	
-	23a B	BURIAL CREMATION REMOVAL		231	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(	(SPECIFY) Burial	2/8/8			Park Cemetery	LITY OR LOWER	4	COUNTY	Mary land
		UNERAL DIRECTOR	1	120		-				ndalle
		Hubbard Funeral	Homo T	nc Alin	7 141 11	CONS AVO FED	e RECID. BY REGISTRAR		Market	- 1
	1.1	rappara ruierai	TOUR, T	110., 410	\ AATTL	Zelip WAG.	0			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

STATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

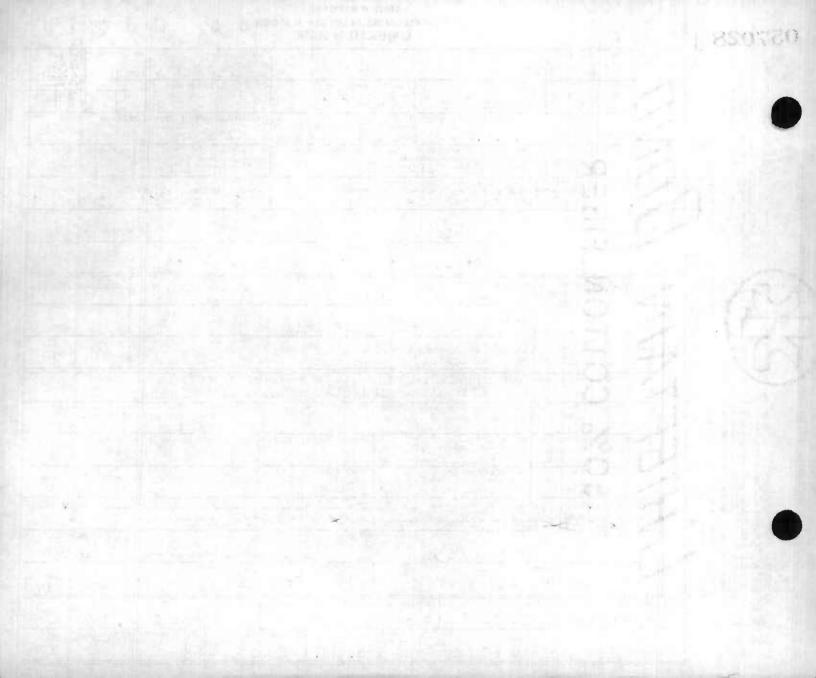
	1-	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	IENES 6	0 3 6	49
9		CEASED NAME FIRST	A Catherin	EDER	AST .	20 DATE OF DEATH	2. 5.86	10:20A
	F	emale	4 RACE White	5. DATE C	OF BIRTH  18-1898	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYE.	
5	78.88	Balto. M.	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	MD.
3	,	Randa Ustown	(IF NOT IN SUCH FACILITY	re County	General Hosp.	120 USUAL OCCUPATI	DE WORKING LIFE) INDUSTR	O OF BUSINESS OR
9	13a.5	Md.	OTHER INSTITUTION GIVE RESIDENTLY	DENCE BEFORE ADMISSION) Y OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		206
a	0	Robert Baker		LAST	15 MOTHER'S MAIDEN NAI	len Kehn		LAST
2		VAS DECEASED EVER IN U.S. AR LES, NO PRUNKNOWN] (IF YES, GI	MED FORCES? 166 SOME WAR OR DATES) 21	3-74-5993	Mrs. Margare	t M. Perkin	s 810 Suburb	ian Rd.
		18 CAUSE OF DEATH (Enter or PART ), DEATH WAS CAUSE IMMEDIA	D DV	NG CST			UURC APPR	Ath
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A C	CONSEQUENCE OF	NYOPATH			
_	MOIT	PART 2 OTHER SIGNIFICANT		JTING TO DEATH BUT OR WHICH OPERATIO		100 AUTOPSY?	20b. IF YES, WERE FINI	
1	CERTIFICAT			CALL		YES NO	IN CERTIFYING CAUS	NO [
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJU	ONTH DAY YEAR 19	216 LOCATION	CITY OR TO		2)
	W	22a.) certify that (1) (this hosp	11 1	sed from	1/86 19	to_2/5/	36	that of (we) fast
1		sow the deceased olive or obove, (II (ye) (did) (did) (22b SIGHATURE	tan M	oth.		MEDICAL STAL	FF 20	TE SIGNED
		PURUSHUT		MITTA	22e ADDRESS			
	23a B	Burial, CREMATION, REMOVAL	2-8-86	Garden	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	to M.	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

John C. Miller Inc. -6415 Belain Rd. -21206

collision armitting the sale and such some broken where are the 4/2 Section 1/2 Se The profession of the contract A -- 4 wife a sales or will be a called in the sales of the sale on us. Eller Inc. - v Thelair M. - 2/22 ... Lite W. salet ... Jene 191

052000	1	FOR - STATE	DEF	PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	0 3	6 5 0	
057028		REGISTRAR	•		AST	REG. N			
o wŧ	T. DE	CEASED NAME FIRST	MIDDLE				MONTH DAY	YEAR 2b. HOUR	2
oy be	2.65	Joseph	11ne Iarace	Ed o		FEBRUARY		6 7:25	M
or. P	3. SE						MONTHS	DAYS HOURS MI	
oge	4	male	Caucasian		4- 1915 YEAR	70	YRS		
h. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O			
deo de		aryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		Baltimo			MD.
s offer	1 1	altimore	Franklin S	Square		(TYPE OF WORK FOR MOST O	F WORKING LIFES INC	KIND OF BUSINESS O	JR
24 hou	75U 130.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Md. Bal	rother institution give residence NTY 13c. CITY OF timore Rose	RTOWN	13d INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS 7912 Eas	zip cope st 31st	Street 2	121
ig 27	1. F	ATHER'S NAME	MIDDLE LAS	c†	15 MOTHER'S MAIDEN NA				
13/100	1	Robert	Niedzwie	cki	Joseph:		Ostro	wska	
d confice		WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRE			
Pog he ex		NO		03-2013	Emil Eder	Same as #	13		
worke k			nly one cause per line far (a), (ED BY:	(b), and (c).	nary Arrest			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	IH.
A REN S		IMMEDIA	The extense to,		lary Hirest				_
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, to the state of		gove rise to immediate couse (a), stating the	10)						-
by th	3	underlying cause last.	DUE TO, OR AS A CON-						
red the set of the set		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN	PART I(a	=
Then to b	No.				tructive Pu				
The low riction.  The hos been sit permit.  Specific prices only	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W			200 AUTOPSY?	206. IF YES, WERI	E FINDINGS USED CAUSES OF DEATH?	
N. T. Cofe Cofe Tons Hygin B Shygin	7 8	210 ACCIDENT WAS UNDERLYING		U DAY VEAR	21c. HOW INJURY OCCUP		RY IN ITEM 18 PART I OR	PART 2)	_
HYSICIAN; ding physis ss certifical buriol-from Mental Hy	1 4	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR					
ا ۱ کو م	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	City OR TO	WN CC	DUNIY STATE	_
offen	E	WHILE OF WHILE OF AT WORK	(AT HOME STREET PACTORY, C		4 7 00				
A Af		220 I certify that * (this hosp	ital) ottended the deceased i	rom	tary 17,986	Februa:	$ry 20_{19} 80$	5, that <b>★</b> (we) l	ast
TITER Porto for of H	1	saw the deceased alive or above, ** (we) (did) (did)	February 20	) 19 <u>86</u> , ar	d that in (aur) opinion	death occurred an the de	ate and hour and f	iom the couses stated	
OR ATTORNEY DIRECT TO DIRECT TO Dept. or them 2		77h SIGNATURE			DEGREE			DATE SIGNED	
AL D AL D defect opte D		S. PEW	son me	5	ATTENDING PHYSICIAN (	MEDICAL STAI	IAN O	7/20/84	
TO HOSPITAL (retained by the TO FUNERAL Is should be detent with the State I IMPORTANT: If		224 PHYSICIAN'S NAME (TYPE	- ,		22e. ADDRESS	111 6			
P C Fu		S. Pearso	on MD		9000 Fra	nklin Squa	are Driv	ve 21237	
50 543 3	23e.	BURIAL, CREMATION, REMOVAL	23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	1.011	NTY STATE	
BP		Cremation	2-20-86		ty Process	Cator	sville,	Md	
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	ADE	Balti		TE REC D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE	
(VRA 15, 4)	C	remation Soc	iety of Mar	yland I	nc. Md.	B 2 4 1986	/		- 4





## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYD	GIENES	6 REG. NO	0	3 6	5	2	
		OR PRINT)	the,	^	Lee	E	ngels	20 DATE	OF DEATH	2-	13-198		3:40	Ann M
	1.50	F.		RACE	,	5 DATE C			93	YRS		AYS H	UNDER 24	MIN
74	V;	RTHPLACE (STATE OR FO		U	SA	WIDOWE		BA	I TIME	rė	Cou	NT	7	MD,
0	C	atonsville		Freder	ICK VIII	DDRESS)  R NU	rother institution	[TYPE OF W	ORK FOR MOST OF	WORKING			BUSINESS	SOR
1	m		BAIT		Arbutus		13d INSIDE CITY LIMITS? YES NO A	927	CIRC	ZIP COL	BRIV	8	23	7
3	0	CORSE VAS DECEASED EVER I	- 4	ADDRE CORCES	Sible 166 SOCIAL SECUI	4	VIRGINIA 17 INFORMANT	AME	ADDRE	SS A 1	Hi	bb/	le	
/	(Y	VES. NO OR UNKNOWN)  VIKNO WIN  18 CAUSE OF DEATH	(IF YES GIVE	WAR OR DATES	230.14.9	353	MAKY Velda	WARE	927	Circ	le D	Riv	E INTERVA	
		Canditions, if any, gave rise to imm cause (a), stating underlying couse	which ediote the last.	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSEQUE	cho NE OF NCE OF	Martface NOT RELATED TO THE TERM	Cure MINAL DISE		CV J	,	5	day	72_
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AU	TOPSY?	IN CERT	ES, WERE FILL TIFYING CAU	JSES O		?
1	EDICAL CER	210. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDIC 21d INJURY OCCURR	AUSE OF DEAT	P./	M. MONTH DA M.	19	211 LOCATION STREET	RRED (ENTER	NATURE OF INJUR		PART TORPART		STAT	TF.
	W	220 1 certify that (1) (saw the decease bove, (1) (wo (d) GNATURE	this hospited	al) attended the	deceased fram_	6 0	nd that in (my) (our) opinian DEGREE ATTENDING PHYSICIAN		2 -/	3 ite and ha	. 19 8 6	, the	ot (II <del>(me</del> Uses state GNED	† lost
1	23a B	27d PHYSICIAN'S NA LAUREN  BURIAL, CREMATION, F	CE F	2. GAL	LAGER	1	220 ADDRESS STACNESI	MEDC	ETR, 13		TOIN	10	212	27

DHMH - 16 60M 7/84 bnv (VRA 15, 4)

Cremation

Balto. Maryland

Feb. 16'86 Westview Memorial Park CatonsvI.
Witzke & Family Funeral Home FEB 13 1986 24 FUNERAL DIRECTOR Harry H Witzke & Family Funeral Home Inc 4112 Old Columbia Pike

1 - STATE

REGISTRAR

DECEASED NAME

065108

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

MIDDLE

2-28-86

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

6

REG. NO

0	3 6	5	3
MONIH DAY			-1
		26 HOUR	
6, 1986 HDAY)   IF L			M
MON	INDER I YEAR	IF UNDER 2	MIN,
YRS			
COUNTY OF	DEATH		
e Count	y		MD.
	126 KIND O	F BUSINES	SOR
	Own Ho	me	
ZIP CODE	THE V		18.70
emere 1	Pkwy.	2113	31
	LAS		
COLUMN TO A	Richa	rd	
SS	309		
same a	as #13	e	
	BETWEEN	MATE INTERV	AL EATH
3:23			
DITION GIVEN	IN PART 1:c		
DITION GIVEN	IN PART 110		
20b. IF YES, W	ERE FINDIN	IGS USED	
20b. IF YES, W IN CERTIFYIN YES [	ERE FINDIN	IGS USED	1?
20b. IF YES, W IN CERTIFYIN YES [	/ERE FINDINIG CAUSES	IGS USED OF DEATH	1?
20b. IF YES, W IN CERTIFYIN YES [	/ERE FINDINIG CAUSES	IGS USED OF DEATH	1?
20b. IF YES, W	/ERE FINDINIG CAUSES	IGS USED OF DEATH	

Frederick

MAR

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.

1		BERTHA		М.	EN	GLEBRECHT	February	26, ]	L986	N		
1	1 SEX	E.09111	4 RACE		S. DATE C		6 AGE (IN YEARS LA	T BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS		
ı	Female	25.33	Whit	е		cuary 13,1893	93	YRS		HOURS MIN,		
4	THE BURTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH			
2	Maryland		U.S.	Α.	WIDOWE		Baltim	ore Co	ounty	MD		
ř	IS CITY OF TOWN O	FDEATH	11. NAME OF			OR OTHER INSTITUTION	120 USUAL OCCUI	PATION	126 KINDO	F BUSINESS OR		
/	Baynesvi	lle		lev View		ing Home	Homemake		Own Ho	me		
ď	HOUAL PESIDENCE (1	NURSING HOME OR		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e.STREET ADDRE	SS / 7ID CC	DDE			
2	Marvland		imore	Phoenix		YES NO X			re Pkwy.	21131		
7	M. FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM						
7	Fred			Minder		Mary	MIDD	.8	Richa	ard		
ì	IME WAS DECEASED		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	AC	DRESS				
	NO OR UNKNOW	N) (IF YES GIV	E WAR OR DATES)	213-50-4	4251	Marguerite E	. Mueller	- sar	ne as #13	}e		
η		DEATH (Enter on	ly one couse per	line far (o), (b), an	d (C)					MATE INTERVAL DNSET AND DEATH		
		TH WAS CAUSE		Ronal		ane			A 150 No.			
IJ		DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if	any, which		PAPIAMI								
	gove rise to	immediate		AS A CONSEQUI								
	underlying		(0)	R AS A CONSECUI	ENCEOF				7.7			
	PART 2 OTHER	SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR C	ONDITION	GIVEN IN PART 11	0		
	O O abo	tes mall	tus.	heart fa	ilno	e regal cell	carcinon	10				
7	SIO VCCIDENT MY	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WERE FINDIN			
							YES NO[	_ 1	YES [	NO [		
ĕ	21a ACCIDENT W	AS UNDERLYING		FINJURY M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM	18 PART 1 OR PART 2)			
ı	OR CONTRIBUTING	CAUSE OF DEA	110	M.	19	200						
	(IF EITHER NOTIFE 21d. INJURY OC	CURRED	21e PLACE	OF INJURY		211 LOCATION	CITY	OR LOWN	COUNTY	STATE		
	ANTITIC IN	OT WHILE	[ATHOME ST	REEL, PACTORY, OFFICE, P	ARM EIC.	31766				31412		
	270.1 certify th	at (1) (this hospi	tol) ottended th	e deceased from_		19.82	to	brucery	2619.86	tha (1) (we) last		
	saw the de	eceased alve on	Fe len	alter death	, ar	nd that in my lour) opinion d	deoth occurred on the	e date and h	nour and Irom the	causes stated		
	226. SIGNATUR			oney down	4	DEGREE		24.12	220 DAJE	SIGNED		
	( b)	11/	72:20		1111	ATTENDING PHYSICIAN	DIRECTOR PH	STAFF YSICIAN [	2/2	7/86		
	224 PHYSICIAN	S NAME TYPE O	R PRINT)		000	22e ADDRESS		The W				
	Carl F	riedman	M.D.			660 Kenilw	orth Dr.	Tows	on, Md.	21204		
A	230 BURIAL, CREMAT			23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION					
	(SPECIFY)						CITY OR TOW	/M	COUNTY	STATE		

Mt. Olivet

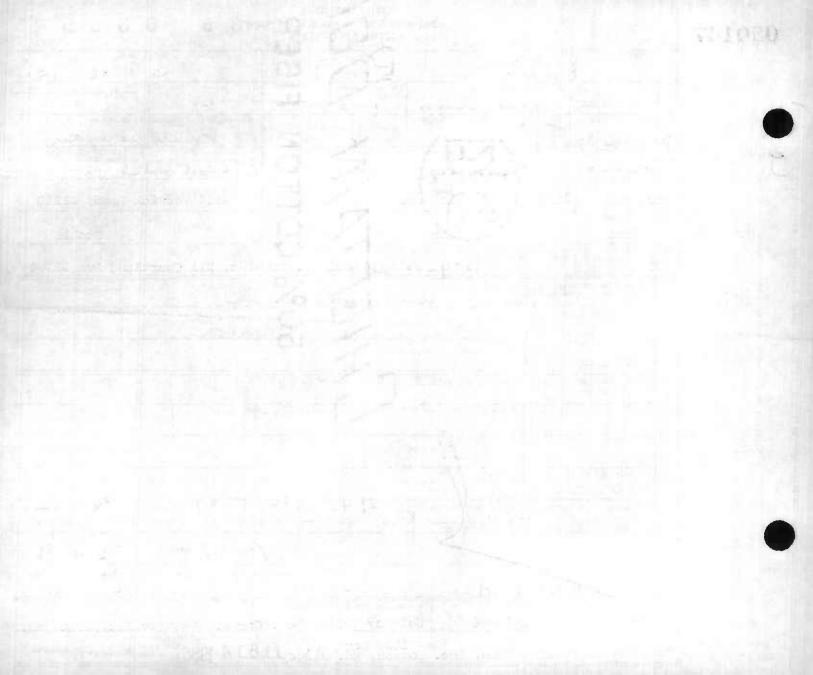
ADDRESS 1050 York Rd.

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR

BP.

		1					STAT	E OF MARYLAND				
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BP_			Burial		2-13-8				COCIONA COCI	-0170	COUNTY	STATE
		24 F	UNERAL DIRECTOR		12 13 0			25- DAT	Gards. Cocl	25b. REGISTR	AR'S SIGNAT	ulto Md.
	16 60M 7/B4		ck Towson	Funer	al Homo	ADDRESS	1050		B 1 4 1096			



059121 CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH MONTH 75 HOUR (TYPE OR PRINT) Ann Evans 24 1986 de 3. SEX 4. RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS HINOM female black 1923 62 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY II S A S.C. Baltimore county WIDOWED DIVORCED IX CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 175. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown 4716 Hawksbury Road Disabled UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI COUNTY 13. STREET ADDRESS ZIP CODE ARE Drive Apt 204 13d INSIDE CITY LIMITS? Baltimore 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Eddie Miller Louise Will'iams 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN! (IF YES GIVE WAR OR DATES) 242-32-4535 Anna L. Jackson 4716 Hawksbury Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101 th), and IC!
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. ā CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO I 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL HE FITHER NOTIFY MEDICAL EXAMINERS D AA 211 LOCATION 71d. INJURY OCCURRED 21e PLACE OF INJURY ö CITY OF TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC ) STREE STATE NOT WHILE T WORK AT WORK 220 I certify that (1) (this hospital) attended the deceased from. saw the deceased alive an obove, (I) (we) (did) (did not the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING. STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME (UPLOUVED) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 736 NAME OF CEMETERY OR CREMATORY (SPECIFY) COUNTY 2/28/86 Arbutus Memorial Park Burial Md Arbutus 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE was buildon-pardasses DHMH - 16 60M 7/B4 William C. March F/H West 4300 Wabash Avenue

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

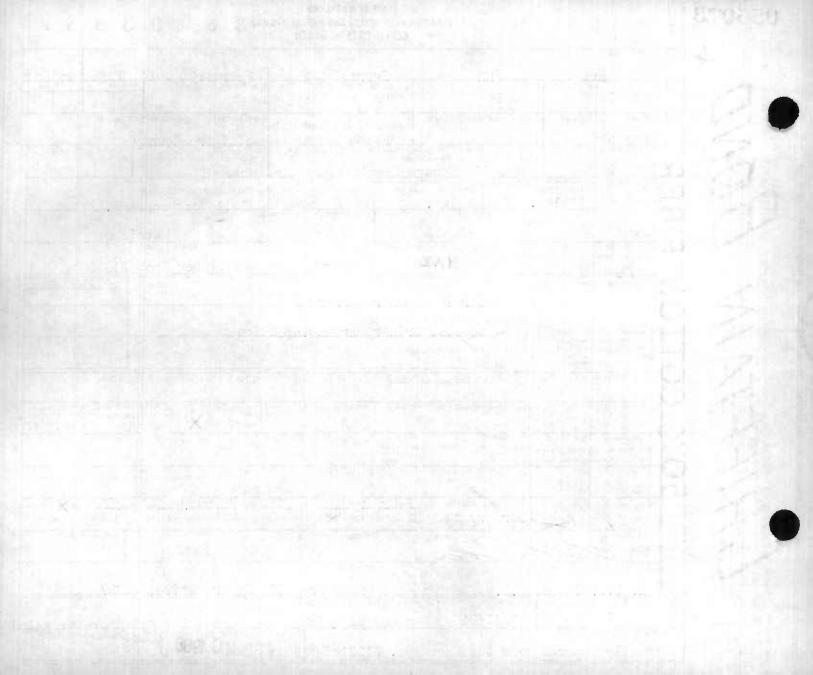
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(VRA 15, 4)

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Pennsylvania			U.S.A.   WIDOWED   DIVORCED   Baltimore C									M	
CITY OR TOWN OF DEATH			11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (TYPE OF MOST OF WORKING LIFE)  120. USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)								OR INDUS		
-01	AL RESIDENCE (IF		1 Smetor						Self er	nployed	i	Truck St	cops
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		Balti	timore Towson				YES NO X 1 Smeton Plac					pt. 902	21204
FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE										LAST			
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FE												YES 🗆	NO DE
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×		NOT WHILE	STREET, FAC	TORY, FARM, ETC	)	STREE	ET		CITY	OR TOWN	C	OUNTY	STATE
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death resulted from Matural course Accident Suicide Hamicide Undetermined manner													
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	STATE OF MARY
OR	DEPARTMENT OF HEALTH AN

5073		STATE OF MARYLAND								
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10		CEASED NAME EIRST	MI	IDDLE	LAST		20 DATE OF DEATH	MONTH DA	YEAR	2h HOUR
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rs of		Female	White		July	17° 1898	87	YRS		
hour hour		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	VHAT COUNTRY?	8 MAPPIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	OF DEATH	
3		Maryland	USA		WIDOWED		Baltimore	County	,	
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はいまり	1	Rossville		in Squar		ital	Housewife		III	
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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REGISTRAR

24 FUNERAL DIRECTOR

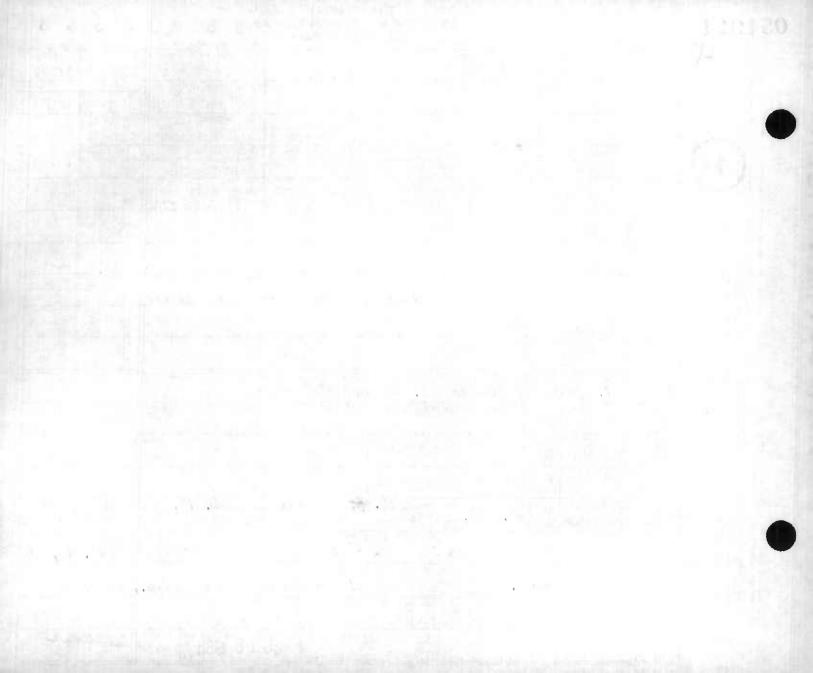
DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATINE PE

CERTIFICATE OF DEATH



	1	FOR - STATE REGISTRAR			DEP		EALTH AND MENTAL	HYGIENE 8	6 REG. NO.	0 3	6 5	9
051121		ECEASED NAME	FIRST		WIDDLE	k.	AST .	20. DATE	DE DEATH MO	NTH DAY	YEAR 2b.	HOUR
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	3	Tiroinia		USF	+	MARRIE		- 1 1-6 -	H. CI	Dunty	1	MD.
2//	10	CITY OF DOWN OF DE	ATH 1				R OTHER INSTITUTION		LOCCUPATION	12b/	KIND OF BU	
5 WX 11 5	W/	M/) Tows	on	ST NOT IN SU	JOSE	20h3		House	Sewife	SKING LIFE) I INO	DSIKY	
7//	USI 13n	JAL RESIDENCE HE NUR	136 COUN	OTHER INSTITUTION	134. CITY OR	B FORE ADMISSION)	13d INSIDE CITY LIMIT	S2 112 STDEET	ADDRESS / ZI	D CODE		
男のは 書き		aryland		imore		erton	YES NO X		Fuller		1206	
		ATHER'S NAME		NODLE	LAS		15 MOTHER'S MAIDEN	NAME	WIDDLE			
MAN we ded w	10	Flovd		NODIE	Rhue		Anna		WIDDLE	Ti	nknown	
RE, ecute	160	WAS DECEASED EVER				SECURITY NO.	17 INFORMANT		ADDRESS			
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARRING PHYSICIAN. The law requires that the death certificate be executed with restrictions of physician.  The this certificate has been signed by the attending physician and complet as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 is the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 the dard Memol Hygiene prior to burial, cremation, or removal.		NO	(IF YES, GIVE	WAR OR DATES)	218-0	3-4832	William	P. Fales	. Sr.	Same as	# 136	4 6
ALT Sicro of.		18 CAUSE OF DEAT PART I. DEATH V	TH (Enter anl	y ane cause pe	r line far (a), (	b , and (c					APPROXIMATE ET WEEN ONSET	
T., B		PART I. DE ATH V	VAS CAUSED IMMEDIATE		YOLTI	PLE O	RGAN F	AILUR	E			7/11
or re			WALL DIVIL		PASACON'	SEQUENCE OF				-99		3 6
STC leath		Canditions, if any	, which	(b)		15						
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hot by ose il, cr		underlying cause	e last.	(6).	BOW		STULA					
gned n ple		PART 2. OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDIT	ION GIVEN IN I	ART lia	-
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VIT NN. T hysici hysici Hygin	Ü	210 ACCIDENT WAS UN		216. TIME O		H DAY YEAR	21¢ HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	ITEM IS PART I OR	PART 2)	
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ND NO		220 I certify that				21	, 1/_	10 T	E16.15	19.6		(we) last
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	230	BURIAL, CREMATION (SPECIFY) Burial	, REMOVAL	23b. DATE 2-18-	96		EMETERY OR CREMATO	CI	TY OR TOWN	COUNT	Y	STATE
ВР	24	DUT1A1 FUNERAL DIRECTOR		2-18-	-00	Morelar		DATE REC'D. BY	Baltimor	e, Mary	land	
DHMH - 16 60M 7/84	24	Leonard J	D1	7	ADD	RESS	250.	FEB 1 8		REGISTRAR'S S		della
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05111	1, [	DECEASED NAME FIRST	WIDDIE	LA	51	REG. NO.  20 DATE OF DEATH MONTH	
poge 3	"	John	E.	Fa	arley	February 15	,1986 KWOWN M
fir pa	3	SEX 4	RACE	5. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
recto urs of		Male	White	Nov.			RS
A 6 4	33	Maryland	U.S.A.	WIDOWE		Baltimore CITY OR COU	
24	70	Baltimore [1	1. NAME OF HOSPITAL, NURS LENGTIN SUCH FACILITY, GIVESTR 1307 Glenmon		R OTHER INSTITUTION	170 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK)  Boiler -	126 KIND OF BUSINESS OR INDUSTRY Engineer
Tool Page 1	100	Maryland Balt	THER INSTITUTION GIVE RESIDENCE BEF Y 134. CITY OR TO	ORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	t Rd. 21239
2 See 14	14	FATHER'S NAME	IDD(E LAST	1 10 415	15 MOTHER'S MAIDEN NAM	ME	TPAL
ba ample	54	Francis	Farley		Rose		Connelly
on ond co	160	WAS DECEASED EVER IN U.S. ARM [YES, NO OR UNKNOWN]  Yes GIVE  WW 1	ED FORCES? 166 SOCIAL SE 218-01		Mrs. Harri	et Gifford 68	23 Barnett Rd. 21
ysicia opers wol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for 101, (b),	and (ch.)	A A		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he de emov motic		Conditions, if ony, which gove rise to immediate couse to, stating the	1b)		100 A		
by the		underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF			
signed hen ple to buria	2	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
law res	NO. TENTON	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?	
The rolon sit po	즤	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21. HOW INTERVOCATION	YES NO X	YES NO X
physical representation of the Hymnes of the	_	OR COLUMNICATION CONTRACTOR OF ARLA	HOUR A.M. MONTH	DAY YEAR	THE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	M 18 PART   OK PART 2)
PHYSICIA ending pl this certifi te buriol-ti ad Mental		(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION	CITY OR TOWN	COUNTY STATE
offer the sthe	3	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFIC	CE FARM ETC )	SINEEL		COURT
VDIN Car R: Af No as S ma		220 I certify that (I) this hospita		m - R=	6 26 , 1985		19 8c , that (I) Ove) lost
Spito CTO J for af h		sow the deceased alive on above, N. Pivetthal (did not)	view the body ofter death.			death accurred on the date and	hour and from the causes stated
At OR the hor the hor the hor the hor the horse detoched		226 SIGNATURE	I A frem	M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR DHYSICIAN	221 DATE SIGNED
HOSPITAL FUNERAL FUNE by the State ORTANT:		226 PHYSICIAN'S NAME (TYPE OR			22e ADDRESS	D 1 0 -1	: 11- wa 21020
TO HOSPITA retained by TO FUNERA should be de with the Stat		Richard Gross				-	vsville, Md. 21030
	23	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24	Burial FUNERAL DIRECTOR	2-18-86	St. Joh	in's Long Gree	en Hydes, Balt EREC'D. BY REGISTRAR 256, RE	distracts signatures
DHMH - 16 60M 7/8 (VRA 15, 4)		Leonard J. Ruck F	uneral Home T	nc Ral	timoro MaEE	D 1 Q 1006 July	a baydoon-yondare

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## STATE OF MARYLAND

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10010	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH  8 6 REG. NO.							3	6 6
D		EASED NAME FIRST	MIDDLE		LAST .		ONTH DAY	YEAR	26 HOUR
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9000	1.5EX		4 RACE	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS		HOURS MI
900		Male	White	July	7 1, 1916		9 YRS		
50 h	C	OUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	
11 74	Nor	th Carolina	U.S.A.	WIDOW		Baltimore			
57		ssville 21237	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	All the Park Control of the Control	Mahufactur Bepresentat	VORKING LIFE) 1726 1VO	Light	ing C
BS	JUA a S	L RESIDENCE IN NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GIVE RESIDEN	OR TOWN		13. STREET ADDRESS / Z 911 Cather	CIP CODE		221
1030		THER'S NAME FIRST  Paul H.		LAST	15 MOTHER'S MAIDEN NA/			LAST	
Poper		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCI	22 1696	17 INFORMANT Chestilie Fa	ADDRESS		me)	
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by the at base removal of cremotic cother tran		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO						
n signed by the at Their please removing to buried, crematal rigory, or other tran-	NO	gave rise to immediate cause (a), stating the	(c)	NSEQUENCE OF		inal disease or condi	TION GIVEN IN	I PART 1:a	
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Funeral Home PA 1407 Old Eastern Ave EB 2

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			STATE OF MARYLAND	
		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 6 6 2
042106	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0 17
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN	MONTH DAY YEAR 25 HO II
Walasta	100	CHERNIC P	FARRSII DEATH MATED	5h wal 01/10
PLEAS POUR FOUR STREET	1. SE	IL RACE	S DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   26. DATE	MONTH DAY YEAR 124 GOLD
53.4.3.12	-		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	1 d
99958	1-8	MALE WHITE	DEC. 23 1902 83 YRS. DEAD 120	TUdy 1810 10 AM
AND THE STATE OF T		RTHPLACE (SEXIX OR REGO EQUATES)	76. CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR	COUNTY OF DEATH
BE552	10	ARYLAND	11 - 0	DRS COUNTY MD.
THE WAY	10. €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE O	F WORK 126 KIND OF BUSINESS
こと 日本	10	ot ·	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
15 30 18	116	ARIVILLE.	12809 LINGARORS HVS. AT HOME	
- SEE 505		TATE 136 COUN	TY 13c CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e. STREET ADDRESS	31334
E PERENCE	m		I MORE PARKVILLS YES NOX 2809 LINGA	nors Avs.
9 5-6-5	14.9	LTHER'S NAME	15. MOTHER'S MAIDEN NAME	
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0 000	160	VAS DECEASED EVER IN U.S. ARA	B. 20 UAROS LAURA E.	2CHM100
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Connelly Funeral Home 300 Mace Ave. 21221

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DHMH - 16 60M 7/B4

(VRA 15. 4)

- STATE

I. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

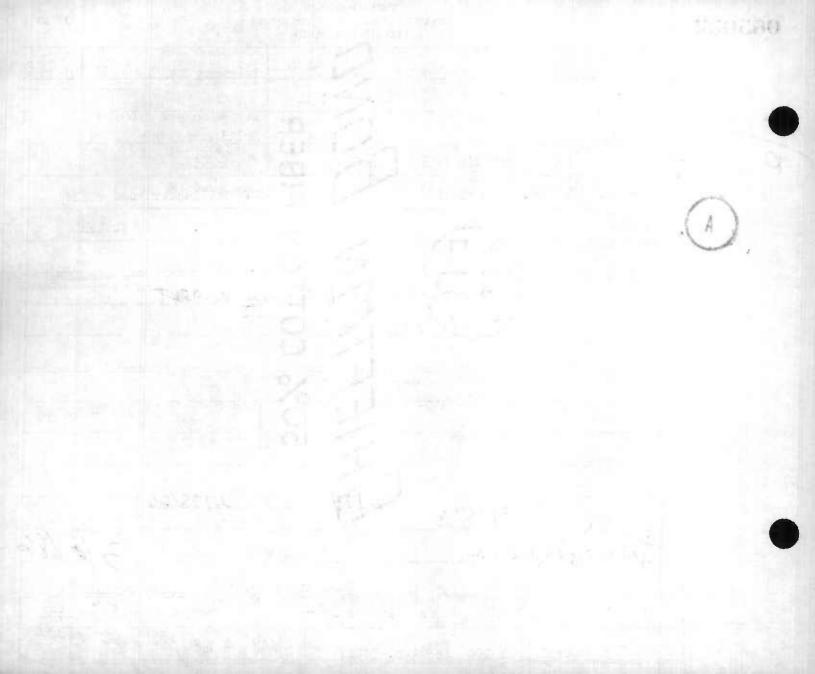
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR

Lake View Mem. Park 2-19-86 Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

23¢ NAME OF CEMETERY OR CREMATORY

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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Funeral Home PA 1407 Old Eastern Ave FEB

250 DATE REC D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 3.4. Cuts are a miner of an intending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely liked. Little further the did be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages I and 2 shows that the remove corbon papers. Pages I and 2 shows that the first many after the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR TYPE OR PRINTI Arthur L. Forster Februaru 15. 1986 & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE S DATE OF BIRTH IF LINDER I YEAR IF UNDER 24 HRS Male White Feb. 18, 1926 59 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED COUNTRY Baltimore Co. Md. U.S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 8700 Richmond Avenue Baltimore General Manager BOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 3a STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Baltimore NO X 8700 Richmond Ave. 21234 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST MIDDLE Arthur R. Forster Alvina Poscosi 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN) LIFYES GIVE WAR OR DATES) 218-26-1551 no Doris S. Forster 8700 Richmond Ave. APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF eren Conditions, if ony, which gave rise to immediate other cause (a), stating the DUE TO, OR AS A CONSEQUÊNCE OF underlying cause last Then pleose 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 NO 0 buriol-transit permit IFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene

NOF YES [ CERT 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE Ful-220.1 certify that (1) (this hospital) attended the deceased from

saw the deceosed alive on FAI2
abave, (1) (we) (did) (did not view the bady after death and that in (my) (aur) apinion death accurred an the date and hour and from the couses stated 22b. SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

Dr. Richard Fravel 2 E. Chase Street 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE

Buria1 2-19-86 Parkwood 24 FUNERAL DIRECTOR ADDRESS.

Baltimore, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE rulia Daydoon

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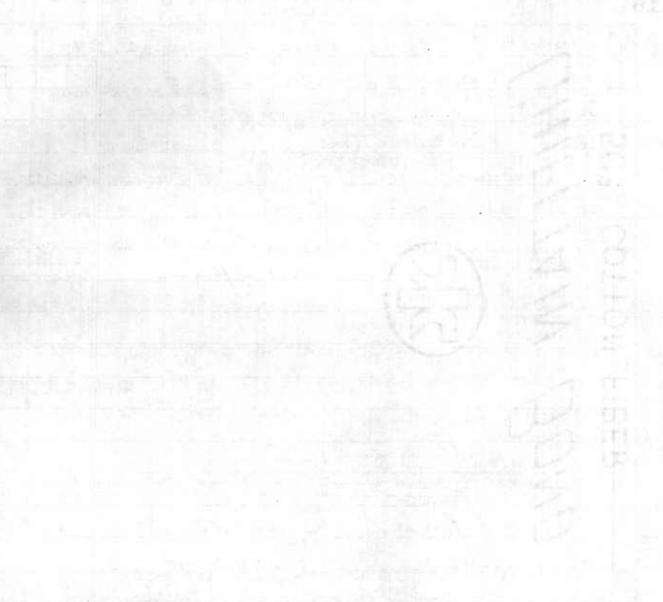
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MPORTANT

(SPECIFY)

Leonard J. Ruck, Inc. 5305 Harford



## FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

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	O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the collination are be executed within 24 havrs after death. Page 4 may be examed by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the uttinging any clean and combined in the fine formed director, page 3 should be detached for use as the burial-transit permit. Then please remove influence produced to the state of Health and Mental in page in a to burial, cremition.

		REGISTRAR				CEKITI	ICAIL OF DEATH	REC	3. NO.		
		CEASED NAME OR PRINT   WI	lliam		aben	Forwo			5, 1986		26 HOUR Gam
	3 SEX	Male		White		S. DATE C	ch 21, 1960	6 AGE (IN YEARS LA	• YRS	MONTHS DAYS	
2	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland  10 CITY OR TOWN OF DEATH			76 CITIZEN OF WHAT COUNTRY? 8 MARRI WIDOW			DI DIVORCED	Baltimore CI	MD.		
	1	Luthervi	lle	IF NOT IN SHE	SonBroadw	ay Ro	or other institution	176 USUAL OCCU		LIFE) INDUSTRY	of BUSINESS OR nstruction
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2	2 FA	George	Sã	cott	Forwood		Helen	O. MIDE	We	aterson	
2		VAS DECEASED EVER ES. NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	218-07-2		Mildred R			vay Rd.	
		Conditions, if ony, gave rise ta imm cause (a), statin underlying couse	which nediate g the lost	DUE TO, OI  (b)  DUE TO, OI  (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR G	CONDITION G	IVEN IN PART 1	north,
7	CERTIFICATION				DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES []	INGS USED S OF DEATH?
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		saw the deceose obove, (I) (me) of 270 SIGNATURE  CUTELLO 2220 PHYSICIAN'S NA	(did not	View the body	leans		DEGREE ATTENDING PHYSICIAN TO ADDRESS		STAFF		E SIGNED  5-86  M-21/3
	- 0	URIAL, CREMATION, SPECIFY) Burial	1 - 1	rab DATE Feb. 8			EMETERY OR CREMATORY  Chapel U.M.	23d LOCATION Cem.	hervill	le,Balto	o., Md's
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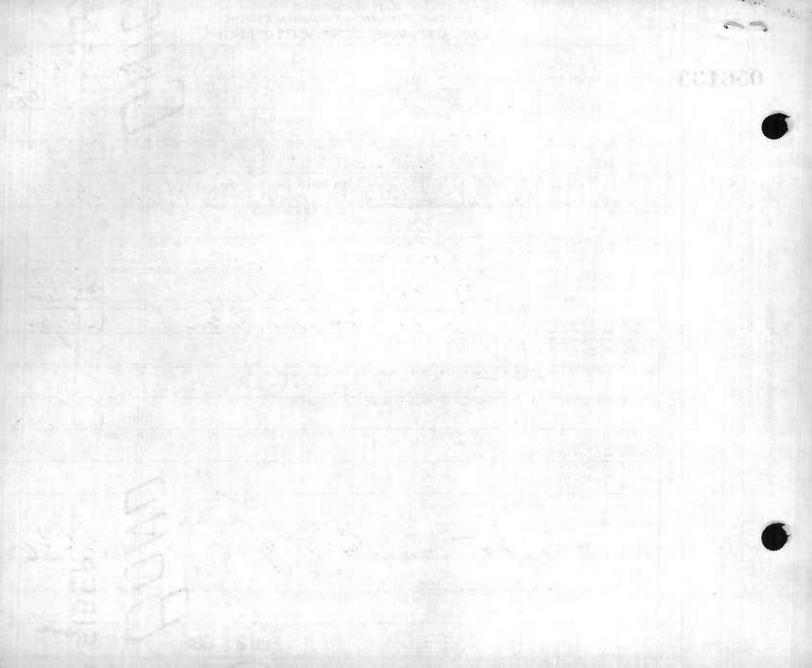
ILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD

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AL SE	14. F.	ATHER'S NAME	MIDDLE	LAST	IS MOTHER'S MAIDEN	NAME MIDDLE	LAST			
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ALTIMO AFTER I SIVE PAC H FORM AGES 1	16a \	MAS DECEASED EVER IN U.S. A JES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? VE WAR OR DATES)	220-30-279	17. INFORMANT P1A. Myrick	P. O. Box 19 Es	ssex, CT 06426			
N ST B HOURS WI WG WII BME DIV		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	SED BY	r(a), (b), and (c).)	KCZ -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING". IN PEN RDED TO THE CHIEF MEDICAL EXAMIN RDED TO THE CHIEF MEDICAL EXAMIN RDED TO THE CHIEF MEDICAL EXAMIN RDED TO THE CHIEF MEDICAL F OF DEPARTMENT OF HEALTH AND MENIT OF REPARTMENT OF HEALTH AND MENIT OF REPORT OF MENIAL CREMATION, OR	N N	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART	1 (0).				
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POR POR NO.		22a. I certify that I taak cha		ped obave, held an Au	tapsy XX, Inspection  Homicide XX,	Undetermined manner , and in my o	pinian			
XAMI ERTIFICE DIRECT WITH 1		Α.	ioror cooses [	Cidelli La, Suicide	TITLE (SPECIFY)	Undetermined manner				
ATH. ATH.		SIGNATURE TO	Show		M.D. Assistant	MEDICAL EXAMINER SIGN	NED 2/26/86			
TO MEDICAL EXAMENED TO MEDICAL EXAMENED THE CERTIL PAGE 4 SHOULD B TO CUMERAL DIRECTORY AFTER DEATH, WITH AFTER DEATH, W		EXAMINER'S NAME (TYPE OR PRINT)	Ann M. Dixon	n, M.D.	ADDRESS111_I	Penn St. Balto.M	D.			
06	23e.B	urial, cremation, removal Cremation	23h DATE 02-28-86	23c. NAME OF CEMETER	YOR CREMATORY Process	23d. LOCATION CITY OR TOWN CO	UNITY STATE			
07/84 BP	24 F	UNERAL DIRECTOR		l security	250. DATE RE		Balto. MD			
DHMH - 17 (VR A15 ME (5))	C	remation Soc	ietv of MI	D Catonsvi	2.5	AR 360				

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) BERT PHILLIP FRIBUSH DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED WHITE MAR. 6,1950 35 FEB 1986 MALE Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY BALTIMORE COUNTY MARYLAND U.S.A. WIDOWED [ DIVORCED FILED, V 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LAY IS TO THE PAGE EOR MOST OF WORKING LIEE) 94 PADONIA RD., APT. 102(21030) BARBER COSMOTOLOGY COCKEYSVILLE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OULD | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 94 PADONIA RD., APT. 102(21030) 13b. COUNTY BALTO. COCKEYSVILLE MARYLAND 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE BAUMEL FRIBUSH ROSE ROBERT 16h. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? RANDALLSTOWN DIVISION (YES, NO. OR UNKNOWN) (IE YES, GIVE WAR OR DATES) PAGES 2-50-1999 FRIBUSH 8806 SONYA RD. 21133 NO 18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO IFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF ARDED TO THE CH GE 3 SHOULD BE UT NO X 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION NOT WHILE STREET, FACTORY, EARM, ETC.) CITY OR TOWN STATE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted fram: Accident Mamicide Undetermined manner Natural causes PAGE 4 Sh. TO FUNERAL DAFTER DEATH, SIGNATURE EXAMINER'S NAME TYPE OR PRINT CHARLES F O'DONNELI YORK RD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY BURIAL 2/ 20/86 MIKRO KODESH BETH ISRAEL BALTIMORE BP 24 FUNERAL DIRECTOR **DHMH-17** SOL LEVINSON BROS., INC - MANUAGON (VR A15 ME (5)) 6010 REISTERSTOWN RD. BALTO, MD 21215 15M 7/76



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	FOR STATE REGISTRAR		DEPARTME	NT OF HEALTH AND CERTIFICATE OF I	MENTAL HYG DEATH	REG. N	10.	3 0	
	DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	20
	TYPE ON PONNIE	SUZANNE		FRICK			02	22 86	
3	SEX	4 RACE		DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAY	
. L	F	W		July 10, DAY	943	42	YRS.		
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3	SUAL RESIDENCE (IF NURS 30 STATE Md.	ng home or other institution 136 COUNTY Baltimore	Baltimmre	113d INSIDE C	NO T	13e STREET ADDRESS 521 Wind	ZIP COD	Rd.	21212
30	FATHER'S NAME FIRST	eph B. Lochr	ner (AST	15 MOTHER	S MAIDEN NAM	argaret J.	Haas		LAST
, 16	WAS DECEASED EVER	IN U.S. ARMED FORCES?		TYNO. 17 INFORMA	ANT	ADDR	ESS		
	(YES, NO OR UNKNOWN)	(IF TES GIVE WAR OR DATES)	219 42 19	86 Mr. J	oseph B	. Lochner	521 V	Windwoo	od Road
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46	OR CONTRIBUTION (	AUSE OF DEATH HOUR A	OF INJURY A.M. MONTH DAY P.M.	YEAR	IJURY OCCURR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18	PART I OR PART 2	"
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	22a.l certify that (I)	set ishd not right the field	10.86	DEGREE	ATTENDING PHYSICIAN [	to 2/22 death occurred on the comments of the	FF CIAN	224 DA	TE SIGNED
	LISA RUI	BIN, M.D.		GBMC	6701	N. CHARLES	STRE	EET TOW	SO N MD
23	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL 236. DATE 2/25		ME OF CEMETERY OR eland Mem.		Baltimo:	re. Mo	COUNTY	STATE
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MPORTANT If them 2 Is moved or them 18 shore, any mury, or other troumotic event, the medical examiner must be reprised of types.

59402	FOR STATE REGISTRAR		DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MEN CERTIFICATE OF DEAT	TAL HYGIENE 8	6 REG. NO.		3	6	1	
	1. DECEASED NAME (TYPE OR PRINT)	FIRST Archie	MIDDGuy	Fridley	20. DATE C	FDEATH	MONTH 7	TOR	YEAR	26. HO	UF

					KLO. IV	O.
		rchie /	MIDD Guy Fr	idley FRIDLEY	20. DATE OF DEATH	
3. SE		4 RACE	444	e of Birth Dyust 21, 1896	6 AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. YRS
	RTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF		RIED NEVER MARRIED WELL DIVORCED		re County, MD
M	ity or town of death	1117	HOSPITAL, NURSING HOM CHEACILITY, GIVE STREET ADDRESS) Orems Road	21220	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION DE WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY Lumber Co.
130.		or other institution. JINTY  imore	GIVE RESIDENCE BEFORE ADMISSION IN CHILD OF TOWN MIDDLE RIVE	13d INSIDE CITY LIMITS?		ZIP CODE Nos Road 21220
)	Perry	N.	Fridley	15 MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	MIDDLE	Pennington
	WAS DECEASED EVER IN U.S. A	n.f 000 n . 1561	166 SOCIAL SECURITY NO 540 12 7204	Mary Leasu	are San	
MION	Conditions, if any, which gave rise to immediate couse to to, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  OTHER SIGNIFICANT  OTHER SIGNIFICANT	DUE TO, OI  (c)  CONDITIONS CO	R AS A CONSEQUENCE OF	TIVE HERE	MINAL DISEASE OR CON	DITION GIVEN IN PART I 10
L CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME O		21c. HOW INJURY OCCURP	YES NO	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this has	21e PLACE (AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.) The decepted from	ay 10 1984	city or to	24 19 86 that (I) (we) lost
	sow the deceased alive cobove. (I) (we) (did) (did in 122) SIGNATURE  22d PHYSICIAN'S NAME (IPPE DOR OT H	DR PRINT)	ofter death 19 86  MMM  SNOW	DEGREE  ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STA	EIAN [] 2/27/00
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DHMH - 16 60M 7/84 9 (VRA 15, 4)

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ransier cemetery

nendricks, west virginia

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250 PAJE REC.D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

rindziński Fune za jome PA 1407 Old Eastern Ave.

Art in our Friedley Stemen 24, 1986 lel Acres Lister Aprast 1, 1896 p 80 .o memo. .o. no. o. 1517 Jose Seed 2512 .o. no. o. Ca. Politione tipole liver xx 1117 went lood 1280 comme N. Pridley Lurish no funkanas Yes and the Track of the Same Same

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2/28/86 Enwler Gretery Hengricks, Mest Swinia

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05742	19	1.	FOR STATE REGISTRAR	2130	92564	DEPA	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	0 3	6	7 8
- 04			OP PRINT)	FIRST		MIDDLE		LAST	20 DATE OF DEATH		YEAR	26 HOUR
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ge 4 mo		1.50	MALE	1	WHITE			ог в іктн ÜARY <sup>№</sup> 25, 1916	6 AGE (IN YEARS LAST BI	YRS	HS DAYS	IF UNDER 24 HRS HOURS MIN.
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To the control of	23	F	ORT HOWARD	-	V.A.	in Such FACILITY, Give Street ADDRESS)  A. MEDICAL CENTER Howard  Plast Oxygen Furnace TE						F BUSINESS OR
filled in	36	130 S	IARYLAND	BALT	1	13t. CITY OR TO	OWN	YES NO X	3 E CAT		1./21	237
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o pue	/		VAS DECEASED EVER IN YES NO OR UNKNOWN) YES	IF YES GIVE V	PORCES?	213 09		Doris E. Fri	ADDR		rri fol	100
B			18 CAUSE OF DEATH	Enter anly	ane cause per BY: CAUSE (a)	tine far (a), (b),	PULMO	NARY ARREST	cae (Saire	150.		MATE INTERVAL ONSET AND DEATH
ures that the death ugged by the atten- en pleate remove co a bursal, cremation o	and the second of the second	z	Canditions, if any, very gave rise to immercause ion, stating underlying cause	diate the last.	(c)	R AS A CONSECUTION OF THE PROPERTY OF THE PROP	OUENCE OF	T NOT RELATED TO THE TERM	inal disease or cor	ndition given	IN PART 1	a
On Not been been been been been been been bee	2	TIFICATION	190 DATE OF OPERATIO	N	196 COND	ITION FOR WH	ICH OPERATIO	DN WAS PERFORMED	20a AUTOPSY? YES NOT	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
Persician ending physic the certificate e busic from d Mental Hyg	9	MEDICAL CE	21a ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL 21d. INJURY OCCURRED	SE OF DEATH EXAMINER)	P. 21e. PLACE	M. MONTH M.	19	21f. LOCATION STREET	CITY OR T		OR PART 2)	STATE
OR ATENDING whospital as affi- cited for use at the their for a the Dept of Health and De		•	while NOT WHILE AT WORK  220   certify that (X/t) saw the deceased obove, (Y/we) (did 22b. SIGN TURE	his haspital	) attended th	e deceased fro	m .TANIJAI	RY 22 19 86 nd that in (mX (our) apinian of DEGREE	deoth accurred an the c	date and have an	86 d Iram the	causes stated
by the by the Branch of Stone Stone	+	1	22d PHYSICIAN'S NAM		taus RINT)	mu;	r		MEDICAL STA		2-20	-86
Daniel Da Daniel Daniel Daniel Daniel Daniel Daniel Daniel Daniel Daniel Daniel Daniel Daniel Daniel	1		PURUSHOTT			.D.			HOWARD, M	D 21052		
5 5 5 2 1 3			URIAL, CREMATION, RE	MOVAL	23b. DATE			CEMETERY OR CREMATORY	23d LOCATION	. Marris	L YIMU	31AKCC IC

Oak Lawn Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Walter Brooks Bradley Inc. Balto., Md. 21222

2/22/1986

Baltimore, Maryland 21224

The same of the sa

.J. Hartenstein, New Freedom, PA 17349

Second at Franklin St. 1290 0 15 150

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🧣

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

2h HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4:00A

IF UNDER 24 HRS

86

IF UNDER I YEAR

INDUSTRY

COUNTY

22c. DATE SIGNED

STATE

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## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 21201	TO HOSPITAL OR ALTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Pretained by the hospital ar ottending physician.	10 FUNCTAL DIRECTOR: After this certificate has been signed by the attending physician and completely-tilled in by III in the control of the	[PPD 21 15 morked or Item 18 shows ony injury, or other troumatic event, the medical examine must
DIVISION OF VITAL RECORDS, 2	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires retained by the hospital or ottending physician.	10 FUNCTIAL DIRECTOR: After this certificate has been signed by the ottending physical beautificated for use as the buriol-transit permit. Then please remove corbanipape with the set beautified and Mental Hygiene prior to buriol, cremation, ar removal.	INFORTER: If Hem 21 is morked or Item 18 shows ony injury.

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DHMH - 16 60M 7/84 (VRA 15, 4)

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3. SE:	Κ	Dolla Tu	RACE	1 OLLL	S. DATE C	OF BIRTH	6.	AGE (IN YEARS	LAST BIRTHD	AY}	IF UNDER	RIYEAR	IF UNDER	24 HRS
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		E. Bes	sman,	M.D.		9000 F	ranklin	Sq. Dr	2	1237	7			
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Brudzinski Fuperal Home PA 1407 Old Eastern Ave.

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D HC	Hours A	1	JAMES	5 W.	EAGA	N, Ja.		7620 YOR		TOWS	ON MO	191904
T		736	SURIAL, CREMATION, RE	EMOVAL	23b. DATE	06		EMETERY OR CREMATORY			100000	1167.476
BP.	28		(SPECIFY) Cremation	on	2/13/	86	Westvi	ew Cemetery	Balt		Balto.	Md.
DHALL	· 16 60M 7/84	24 F	UNERAL DIRECTOR						TE REC'D. BY REGIS			
	/RA 15, 4)		Ruck Towson	1 Fune	eral Ho	me, Inc	1050	York Rd. F	R 1 4 100	S Lama	- Warndron-	Handelle .

STATE OF MARYLAND

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1 2		saw the deceased all	did not) vi	ew the bady ofter death.	19, an	d that in (my) (aur) apini	an death accurred an the	date and haur an	d Iram the causes stated	
P Dept		12h Signature	11	~l	[	EGREE ATTENDING	MEDICAL ST.	AFF _	22c DATE SIGNED	
10 2 /	1	22d, PHYSICIAN'S NAME	(TYPE OR	NII		22e ADDRESS	DIRECTOR   PHYS	ICIAN L		
PORT PROPERTY						St. Joseph	Hospital To	wson,	Maryland	
- 1 = 1	23a.	URIAL, CREMATION, REM				METERY OR CREMATOR	CITY OR TOWN		DUNTY STATE	
		SPECTOR DIRECTOR		Feb. 28, 1986	Parkwoo		Baltin		Maryland	
6 60M 7/84	100		Ruo	k Inc. Balti	mone Me	nuland	EB 2.7 1986	KIZON. REGISTRAR	SSICHARITA	
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STATE OF MARYLAND

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director.	/1.81	MALE ETHELACE ISLATE OR FOREIGN	WHITE 76 CITIZEN OF WHAT COUNT	RY? 8	- 7 - 10	75 9 BALTIMORE CITY OR	YRS	DAYS HOURS	MIN.
	MI G	ND	11. NAME OF HOSPITAL, NU	WIDOWE	" land	Baltin	are	aunti	MD.
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W I		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	DIA DILL ADDRESS		2123	4
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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 2/21/1986

236. DATE

231 NAME OF CEMETERY OR CREMATORY Lake View

23d LOCATION CITY OF TOWN Sykesville

COUNTY STATE Maryland

74 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

ADDRESS Dundalk, Maryland 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours after creating Page 4 may be ottending physician.	recuted within 24 hours after neath Page 4 may b
ifter this certificate has been signed by the ottending physician and completely filled in by the times of director page 3 as the buriol-transit permit. Then please remove condapopers-Pages 1 and 2 should be filter at times. I have a direct death the and Mandal Husane price to buriol premation accounted.	id completely filled in by meaning and director page ges 1 and 2 should be filed at the 2-hours after dea

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) HARRY GEIGER February 12. 1986 10:47 M 4 RACE AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5 DATE OF BIRTH MONTH White May 10, 1890 Male 95 O BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MD USA Baltimore County WIDOWED 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 800 Southerly Road Towson Gas & Elec. Accounting USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
138 STATE
138 COUNTY
138. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 800 Southerly Rd., 21204 MD Balto. Towson NOX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Weller Andrew Geiger Elizabeth ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 16n WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 212 05 6514 Andrew F. Geiger, Balto., MD No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line fai (a), (b), and ii PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Canditions, if ony, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE SUIT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL PM (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ( AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OF TOWN CIDLENTS STATE STREET WHILE NOT WHILE 22a.1 certify that (this hospital) attended the deceased from. TEND sow the deceased alive an abave, (1), (1) and on the pady after death. and that in (my) (our apinian death occurred an the date and haur and from the couses stated 22b. SIGNATUR DEGREE 27s. DATE/HIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be det with the State IMPORTANT: 224 PHYSICIAN'S NAME INPEC 22e ADDRESS Dr. Marcelino P. Albuerne, MD 1940 W. Baltimore Street. Balto. 23c. NAME OF CEMETERY OR CREMATORY Balto., COUNTY STATE Entombment 2/15/86 Lorraine Maus. MD 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 19 1986 Julia Daydon-Hand 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 16 60M 7/B4 whia Daydoon-Handalle 4905 York Road Balto.. (VRA 15, 4) \_ MD 21212

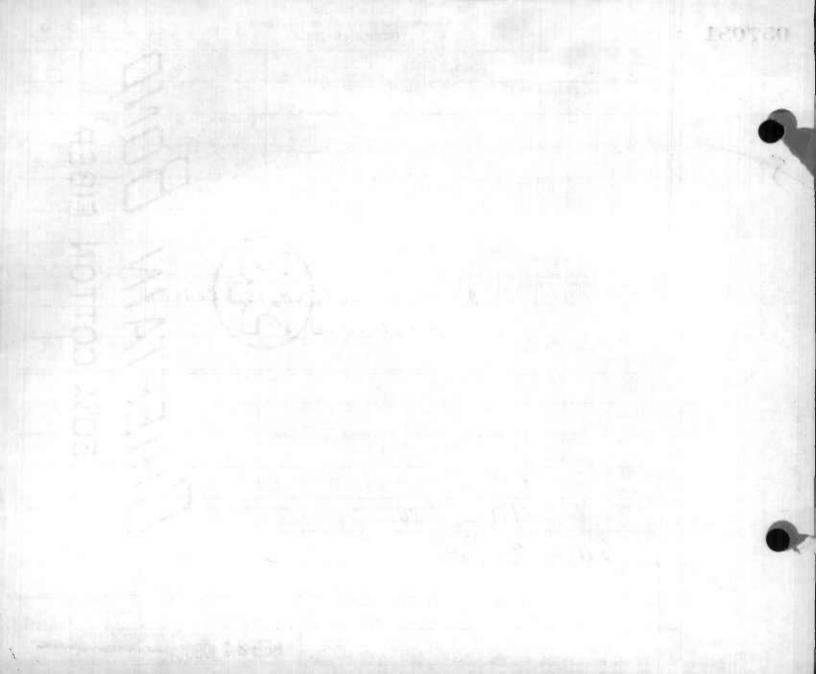
F. TY HIJTEN CEICEF Forum 15, 155 1647 N 19 Notes No. 1., 1880 House N. UE a saltifura County no so souther Cos State Co v. Sutherly E., 1241 n rev Caitar Ilz ath Mallar of Sunday Towns of The Land of Tr. Friedin E. Albuarna, Yo 194 M. Eritimore Street, Ealto., Vol. Entant or ent Henry . Janein Con C.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE ( 057081 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 2a DATE OF DEATH MONTH 25 HOUR (CATHERINE) CATERINA **GENCO** 20 86 6:20PIF UNDER ! YEAR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1. SEX 5. DATE OF BIRTH MONTH YEAR FEMALE WHITE 1890 10 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Italy WIDOWED Italv DIVORCED T BAltimore County NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR'Garment (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MANOR CARE N.H. - Ruxton Ruxton Seamstress Manuf USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore NO X Maryland Arbutus 1323 Stevens Avenue FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST MIDDLE FIRST Anthony Sacca UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN LIF YES GIVE WAR OR DATEST NO 215-09-1311 Genco 1323 Stevens Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY M. INFARCTION IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY LAT HOME STREET FACTORY OFFICE, FARM, ETC | COUNTY CITY OF TOWN STATE ORK NOT WHILE 220 I certify that (1) (this hospital) attended the deceased fram\_ the the deceased alive an about the bady after death and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated 22b. SIGNAT DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 2/21/86 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Celar Parra Parkville 7122 Harford Road 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE (SPECIFY) 2/25/86 Most Holy Redeemer Cem. Baltimore Burial Maryland 24 FUNERAL DIRECTOR

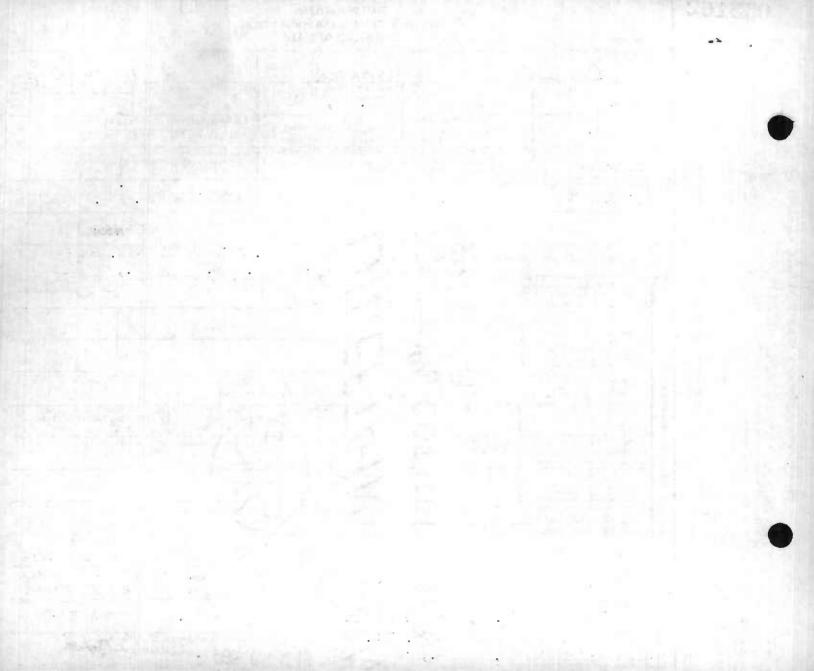
DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

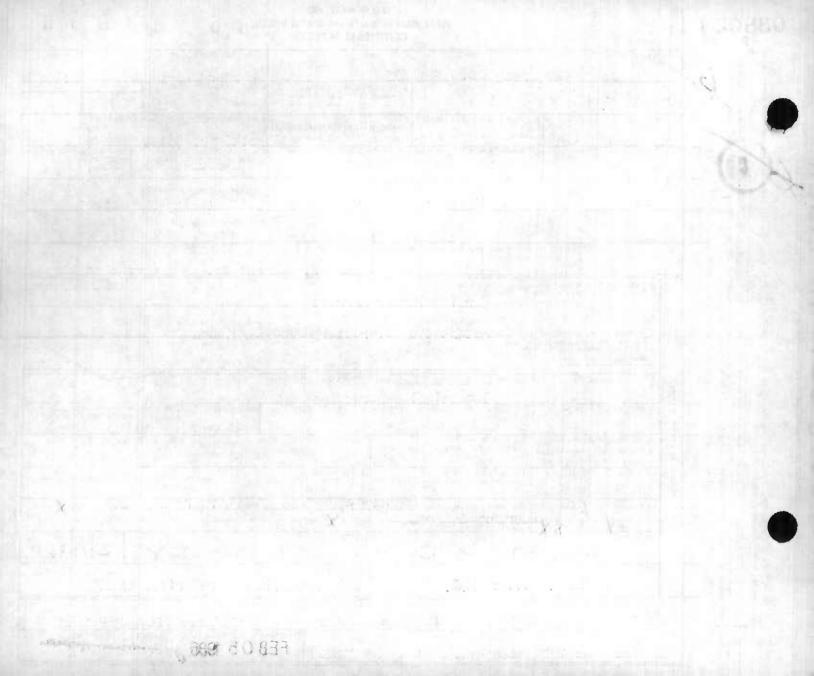
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DIVISION OF VITAL RECORDS, 301

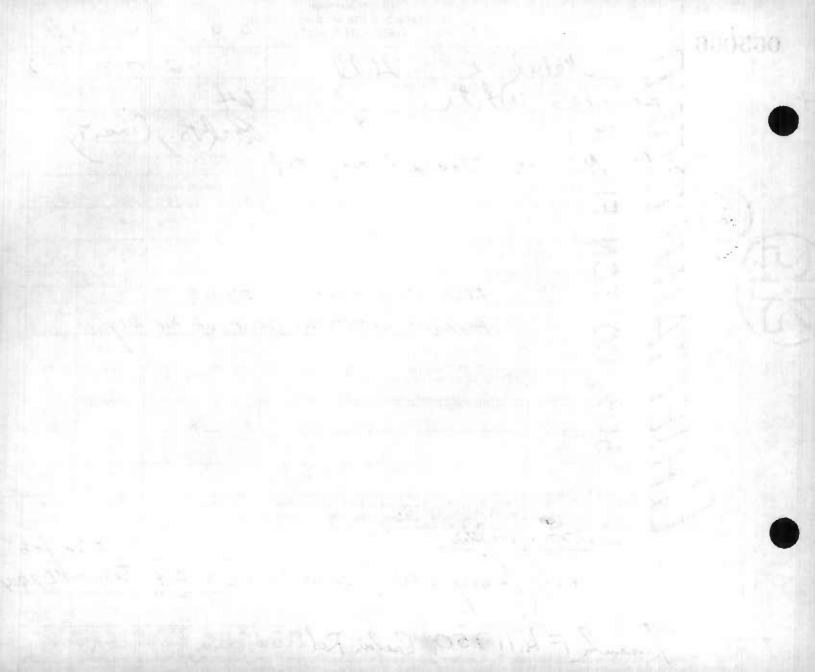


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TO HOSPITAL or retoined by the TO FUNERAL should be detail with the Store IMPPORTANT: #			M. N	Miller,				Frankl	in Square	Drive,	21237	7	
BP	Bu	BURIAL, CREMATION, REA (SPECIFY) :rial		236. DATE 2-4-86			emetery or c	cy .	23d LOCATION CITYOR TOWN Baltimon			yland	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director da-Ruck Onc	7922	Wise Av	re. Bal	to., N	ld 21222	CC	BO5 1986	AR 256 REGIS	TRAR'S SIGI	NATURE - Nanda	Men



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

- STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DE	PARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 6 9 0
1	I DECEASED NAME FIRST	WIDDLE	t)	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ı	Rober	t L.	Gillespi	e	Feb. 12.	1986 A
1	3 SEX	4 RACE	5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 MRS
	Male	White	Ju	ly 31 1929	56 YRS	MONTHS DAYS HOURS MIN.
)	West, Va.	U.S.A.	NTRY? 8 MARRIED WIDOWE	NEVER MARRIED DIVORCED	Baltimore CITY OR COUNT	CO. MD.
	Parkville	11. NAME OF HOSPITAL, NO. (IF NO. 12 Wend		R OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING I  MECHANIC	12b. KIND OF BUSINESS OR INDUSTRY Paper
1	USUAL RESIDENCE (IF NURSING HOME OR		R TOWN 12 KVILLE	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP COL 8612 Wendell	E Ave. 21204
1	14. FATHER'S NAME	MIDDLE LA	NST.	15 MOTHER'S MAIDEN NA.	WE	LAST
/	Cecil	Gillesp	ie	Zella	Mode	Butler
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	ADDRESS	
H		an War 236-	32-6836	S Joan Gil	lespie 8612 Wend	lell Ave.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	SEQUENCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART TIO
/	Ž Z					
	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
	CA COLUMNIA COLUMN CALLER OF CALLE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOTIFY HERE  AT WORK  AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY,	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (I) (the hospi sow the deceased give on above, (I) (we) (did ruid no 22b. SIGNATURE	Charles & A	19.86 an	nd that in y) (or opinion DEGREE	to FUB 2, death accurred on the date and ho	, 19 that (1) (wallast our and from the causes stated
	Ca	al Charge m	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	2/12/86
1	Paul Chang			5601 Loch	Raven Blvd.	
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 2-15-1986	23c NAME OF CI	EMETERY OR CREMATORY	Baltimore	COUNTY Md STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

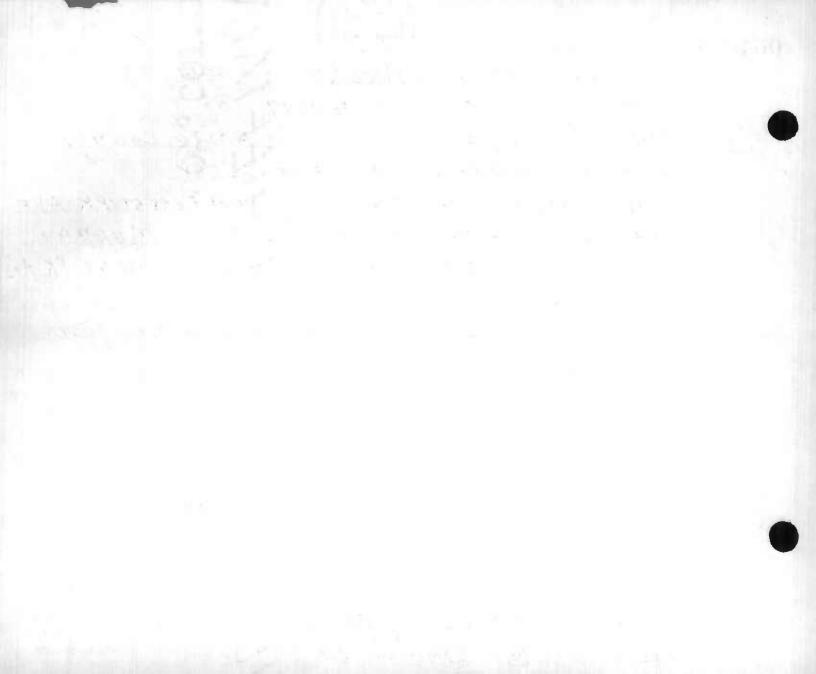
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24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. 5305 Harford Rd.

FEB 1 4 1986 July July July 1986

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STATE OF MARYLAND

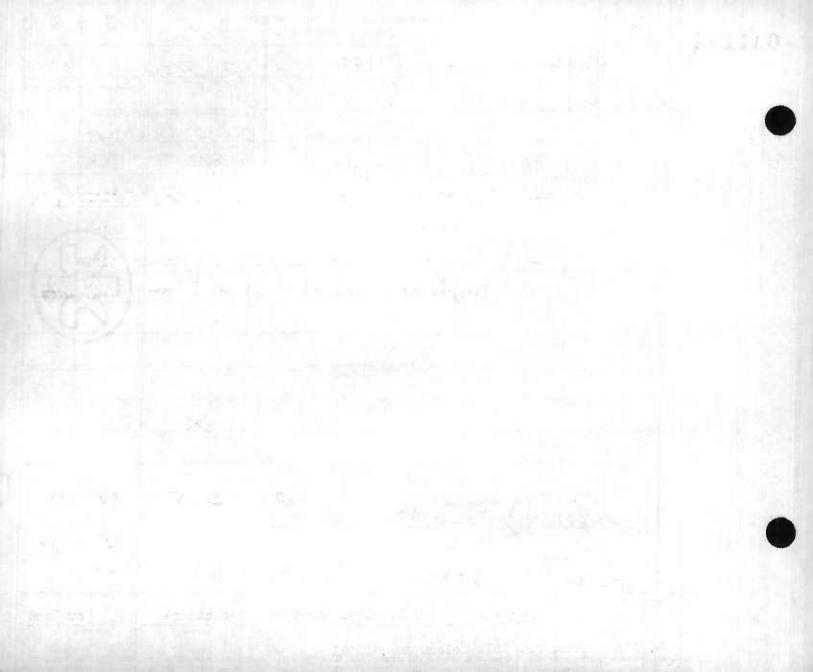


STATE OF MARYLAND

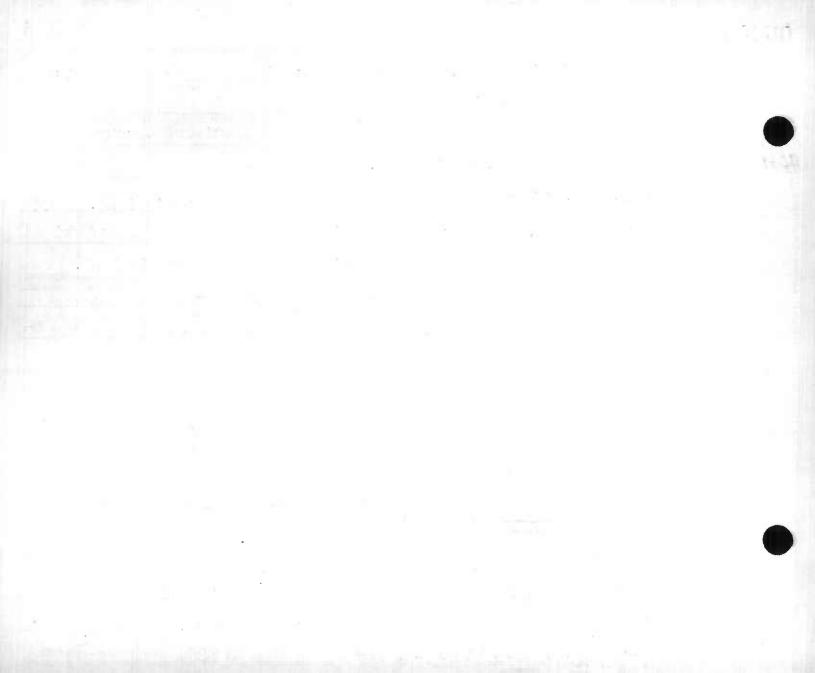
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049040	1.	FOR STATE REGISTRAR		DEPARTMENT OF F	HEALTH AND I		0 0	0	3 6	92	
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1 11/2		ARYL AND	U. S. A	S. A. WIDOWED TO DIVORCED			Baltimore County				
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(VRA 15, 4)	25	Ol Gwynns Falls	s Pkwy. Balt	imore, Md.	21216	FL	EB 13 1986	, sa day	Heson-	pandelle	

41186	1 -	STATE REGISTRAR		FHEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 6 D	3 6 9 3
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ATTEND tespinal a EECTOR , and for use of all fee m 21 is m			tal) ottended the deceased from	and that in (my (our) opinion of	death occurred on the date and hour	
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DHMH - 16 60M 7/84		UNERAL DIRECTOR	Jr. 3818 Roland Avo		E REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE



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TO HOSPITAL

DHMH - 16 60M 7/ (VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 86-03696

C4 29		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO		
= 16		CEASED NAME	FIRST		MIDOLE	1	AST 6	2a. DATE OF	DEATH MONTH	/	2b. HOUR
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E E		No			217-05	-5870	DE. EVELYN	GOLD	SMITH RE	IST. M	D.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	o. ()	3 6	9 7
085		CEASED NAME OR PRINT)	Eva Eva		Marie	Gra	ast <b>f</b>	7ª DATE OF DEATH February	19. 19	86	26 HOUR
uther de	3. SE	× Female	4	RACE White		S. DATE C	y 19 <sup>pa</sup> 1908 <sup>year</sup>	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
34	1	RTHPLACE (STATE OR COUNTRY)		USA	WHAT COUN	TRY? 8  MARRIE  WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O		M
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Poges	16a \	VAS DECEASED EVER		VAR OR DATES)	A LONG	\$ 8786	Mary E. Brow	n, 1608 Ros		eight	21237 s Ave
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to FUNERAL should be det with the State MAPORTANT.		224 PHYSICIAN'S N		PRINT)			22e ADDRESS	ern Blyd			
5 4 3 3	23a	BURIAL, CREMATION,	, REMOVAL	2/22/8	36		emetery or crematory of Faith	Baltimor	e, Md.	OUNTY	STATE

DHMH - 16 60M 7/B (VRA 15, 4)

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DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 236 DATE

23d. LOCATION

MO

March Funeral Homes 1101 East North Avnue

2/14/86

Mount Zion Cemetery Lansdowne.

1250 DATE REC'D. BY REGISTRAR'S SIGNATURE

PEB 1 8 1986

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN 056093 (TYPE OR PRINT) OF ESTI HEI EN MARIE GRIFFIN DEATH MATED 4. RACE . DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 78 FEMALE WHITE 13 07 INTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County MARYLAND DIVORCED D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Lutherville 8625 Valleyfield Road Homemaker MAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Baltimore Lutherville Maryland YES [ 8625 Valleyfield Rd. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Silberzahn John Elizabeth Vorbringer 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 21093 [YES, NO, OR UNKNOWN] (IF YES, GIVE WAR OR DATES) Michael E. Griffin 8625 Valleyfield Rd 212-38-4594 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO: OF Conditions, if ony, which gave rise to immediate cause (a) stating the under DUETO, OR AS DEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 714 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Notural causes Hamicide Undetermined manner DICAL EXAMINE SIGNED. EXAMINER'S NAMCharles F. O'Donnell, MD ork Road Towson Md 230 BURIAL, CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 2/22/86 Lorraine Park Cemetery Burial Woodlawn Md. BP Baltimore 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 ADDRESS (VR A15 ME (S)) 4107 Wilkens Ave. Hubbard Funeral Home, Inc. 20M 4/B2

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DHMH - 16 50M 4/B2	24 FUNERAL DIRECTOR			1050 Yo	ork Rd.	25a DATE RE	C'D. BY REGIS	TRAR 256 REG	Davidson	AMARCANA
(VRA 15, 4)		Funeral Home				LER	18 198	o June	Parto Labor.	

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BP	B	URIAL, CREMATION, REMOVAL  PECIFY  URIAL  NERAL DIRECTOR	13b. DATE FEb. 24,1986	4	METERY OR CREMATORY IEL LUTH, CA	BAITIN	YORE	DUNTY	Md
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO				

	RECHOTRAR						REG. N			
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DHMH - 16 60M 7/84 (VRA 15, 4)

Connelly Funeral Home 300 Mace Ave. 21221

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
FEB 25 1986 Julia Davidson Mondage.

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RAL DIRE deroched tate Dept VT: If Item		176 510000	27	on	h	3	ATTENDING PHYSICIAN			27c DATE 2/14,	SIGNED
O FUNER hould be with the St APORTAN		1	Moushab		).		9000 Frankl	in Square Dr	·., 2	1237	

230 NAME OF CEMETERY OR CREMATORY

Potomac Mem. Gar.

Annues. Matthews, Matthews, Funeral Home LCD 4 0 4000 Matthews Funeral Home

23d LOCATION

Keyser

W.Va.

Mineral

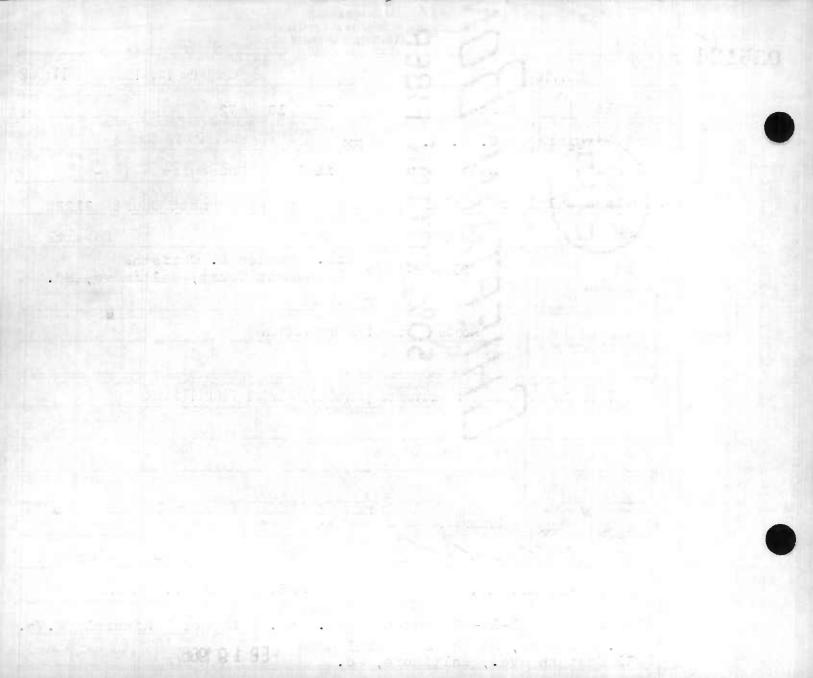
DHMH - 16 60M 7/84 (VRA 15, 4) 23a BURIAL, CREMATION, REMOVAL

Burial

23b. DATE

2-19-86

3021 Eastern Ave. Baltimore Md.



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

1986

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7 10		REGISTRAR		CERTII	ICAIL OI DEATH	REG. NO.			
6057		CEASED NAME FIRST	MIDDLE	20 DATE OF DEATH	MONTH E	AY YEAR	26 248 UR7 P		
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rer p	3 SE	X	4 RACE	5. DATE (		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS
of the same	V	MALE	WHITE	JUL	Y 17, 1895	90	YRS.		
39 16/6		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	-		
12		PENNSYLVANIA	USA		ED XX DIVORCED	BALTIMO	RE COU	INTY	MD.
1387		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, C	GIVE STREET ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF MANUFACTU	OF WORKING LIFE	INDUSTRY	ES DES
Y	USU	RANDALLSTOWN  ALRESIDENCE OF NURSING HOME COUNTY			N. HOSF.	MANOTACIO	KLK	APT	
5		ARYLAND IS COU		OR TOWN TIMORE		2500 W.BE	LVEDER	E AVE.	21215
30	4. E/	ATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	
1	1	ALBERT	HAC	K	FANNIE		I	EGIER	
2		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN] (IF YES, G	IVE WAR OR DATES)	-01-9733	17 INFORMANT SYI	LVAN HACKOOR JNT RD. BA		MD 21	209
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a	of in or	/ langua wy /	Abrest		APPROXI BETWEEN C	MATE INTERVAL
	7	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(6)	PSIS	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART 110	
oun inin	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
3	I E	Market Market				YES TO NOT		YING CAUSES	OF DEATH?
1	1	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE		NTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART 1 OR PART 2)	
Ì	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR IC	OWN	COUNTY	STATE
		22a I certify that (1) this hosp saw the deceased alive o	oital) attended the decease  7-2 f	19 36 01	nd that in ( (ovr) apınıan a	ta Februared on the d	-		that <b>(</b> (we) last
I. If hem		226. SIGNATURE	Cer		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA		22c DATE :	SIGNED 28-86
with the Stat		Edward S	Creaming and		3726 Liber			1 Ben	telletion
3		BURIAL, CREMATION, REMOVA	MAR. 2, 1986	23c NAME OF C	EMETERY OR CREMATORY AMUNO	BALT IMOF	RE	COUNTYMAR	YLAND:

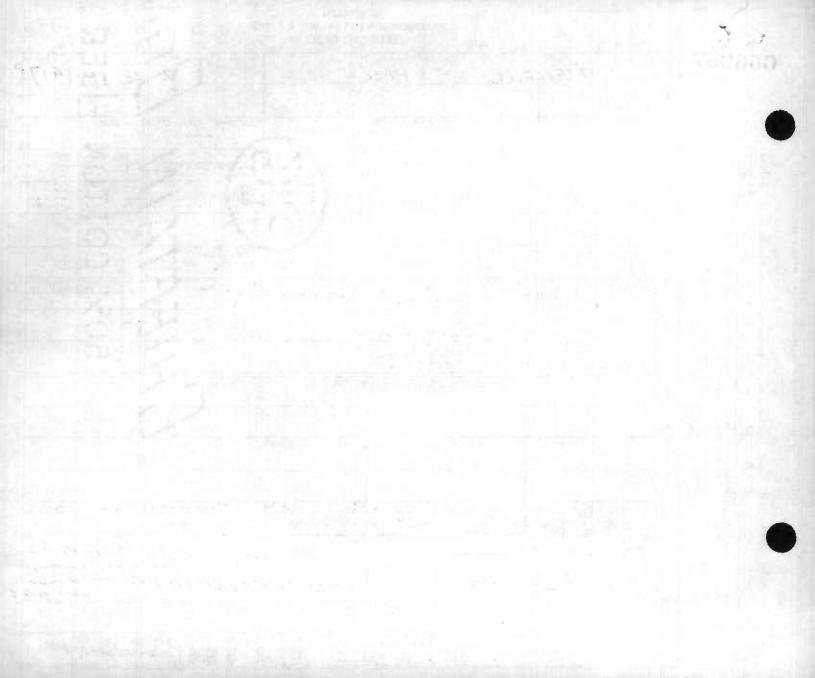
21215

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSO 6010 REISTERSTOWN RD.

SOL LEVINSON & BROS., INC. FERSTOWN RD. BALTO., MD

BP.



057174	FOR - STATE			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 / 0 6  CERTIFICATE OF DEATH							
	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT)			11 hemen in				REG. N 20. DATE OF DEATH 2 1184	MONTH DAY	YEAR 2b.	HOUR
ge 4 may be ector, page rs offer dear	3 SE	SEX Female		4 RACE White		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY) IF			URS MIN.
deoth. Pog	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York			76 CITIZEN OF WHAT COUNTRY? USA		WIDOWE					MD.
by the fulled with	j.	ITY OR TOWN OF DEATH  Balto., County  AL RESIDENCE OF NURSING HOME OR		11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A Eastpoint Nur		er address) rsing		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewif	12b. KIND OF BUINDUSTRY Homema		
in 24 ho	130. 3	Maryland  THER'S NAME	Baltimore		13c. CITY OR TO		13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA		r Rd. Ki	ingsville 2108	
complete	Robert  160 WAS DECEASED EVER IN U.S.			ED FORCES?	Herdtf		FIRST Julia		tenberg		
be executed in a second in a s		res, no or unknown)	(IF YES, GIVE	WAR OR DATES)	220-32-	3067A	Robert F. H	Tahn 11608 I	Johr Rd.	Kingsv	
requires that the deat confident is signed by the artificial hy. Then please remains controlling to a to buriol, crement activities injury, or other traumple, entities		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Voubricular Debullation  Jimmed									
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF USCVD  DUE TO, OR AS A CONSEQUENCE OF									
	TION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
Ysicion. Ysicion. Cote hos bee onsit permit Hygiene prio	CERTIFICATION	190 DATE OF OPERAT		21b. TIME O		H OPERATIO	N WAS PERFORMED  21c. HOW INJURY OCCUR	YES NO	IN CERTIFYIN		
OR ATTENDING PHYSICIAI e hospitol or ottending ph DIRECTOR After this certificated for use as the buriol-tr Dept. at Health and Mental I if hem 21 is marked or them I	MEDICAL CI	OR CONTRIBUTING CO	AUSE OF DEATH		M. MONTH M.	DAY YEAR	211, LOCATION				
	ME	WHILE NOT WH AT WOR 220.1 certify that (1)			e deceased from		- 9 D 19 5	CITY OR TO	/ ) 19.	COUNTY BOOK	STATE (1) (we) lost
	100	saw the deceased alive on 2 - 12 - 19 ond that in (my) (aut) opinion death occurred on the date and hour and from the causes stated obave. (in the hold) after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D									
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Stote IMPORTANT: H		228. PHYSICIAN'S NA	217		TON		220. ADDRESS	Of North	anda	0	
BP		Burial	REMOVAL	23b. DATE 2-14-			emetery or crematory of Faith		more, M		STATE
	24 FI	INER DIRECTOR	7/	/	1 1	- 1	1 25a. DA	TE REC'D. BY REGISTRAF	25b. REGISTRA	R'S SIGNATURE	

DHMH - 16 50M 4/82 (VRA 15, 4) The pune of the THOUSE Rain Rd.

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Tavidson-Randelle

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(VRA 15, 4)

Leonard J. Ruck. Inc.

Baltimore, Maryland

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050127	1	FOR - STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 6 REG. NO.	0 3 /	1 0		
moy be r. poge 3 fter death		PE OR PRINT) GERT	RUDE	R.	5. DATE C	DAY YEAR	2a DATE OF DEATH MONTH	13-86  IF UNDER TYEAR MONTHS DATS	2b HOUR 11:05 M IF UNDER 24 HRS HOURS MIN.		
offin. Page 4		Female  ERTHPLACE (STATE OR FOR  COUNTRY)  Germany	EIGN 76 CITIZEN OF	White 7b CITIZEN OF WHAT COUNTR U.S.A.		ch 4, 1895  NEVER MARRIED   DIVORCED	90 YRS.  Baltimore CITY OR COUNT  Baltimore	MD.			
lied within	7	Towson		1). NAME OF HOSPITAL, NURSING HOME OR OTHE			120 USUAL OCCUPATION 125. KIND OF BUSINE				
in 24 ho	7 13a	UAL RESIDENCE (IF MURSING STATE 13  Maryland  FATHER'S NAME	HOME OR OTHER INSTITUTION			13d INSIDE CITY LIMITS? YES NO 1		street Address / ZIP CODE 4601 Schley Avenue			
and 2	10	FIRST	WIDDIE	Meissi	ner	FIRST	MIDDLE LAST				
execut ond co	160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	220-62-		Robert R. Pur	ADDRESS nphrey 4510 Simm	ns Ave.	21206		
oth certificate seding physics curbon appear		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)  PART I, DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OCCUPY OF THE CONSEQUENCE OCCUPY OCCUP									
that the de- d by the out- tions remove out, crematio or other trac-		Canditions, if ony, which gave rise to immediate cause last.  DUE TO, OR AS A CONSEQUENCE OF total cause last.									
regumes Them p or to thur y rejury)	NOIT						nal disease or condition Gi				
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TENDING Potential of Health on the Market of Health on the Market of Health on the Market on the Mar	2	WHILE AT WORK  NOT WHILE AT WORK  278. I certify to this hospital attended the deceosed fram saw the deceosed alive and save. (I) (we) (did) (di									
PITAL OR AL by the host ERAL DIREC to detached State Dept AMT. If hem	,	276 SHONATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN SHAME INPECREPRINT)  276 ADDRESS  276 ADDRESS									
PO P		DONAZÓ	ow M	NPZ	EN	3009 EVE	PEREEN A	RBI	1270		
BP	730	BURIAL, CREMATION, RE [SPECIFY]  Buria				emetery or crematory  wood Cemetery	23d LOCATION CITY OR TOWN  Baltimore	COUNTY	yland		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

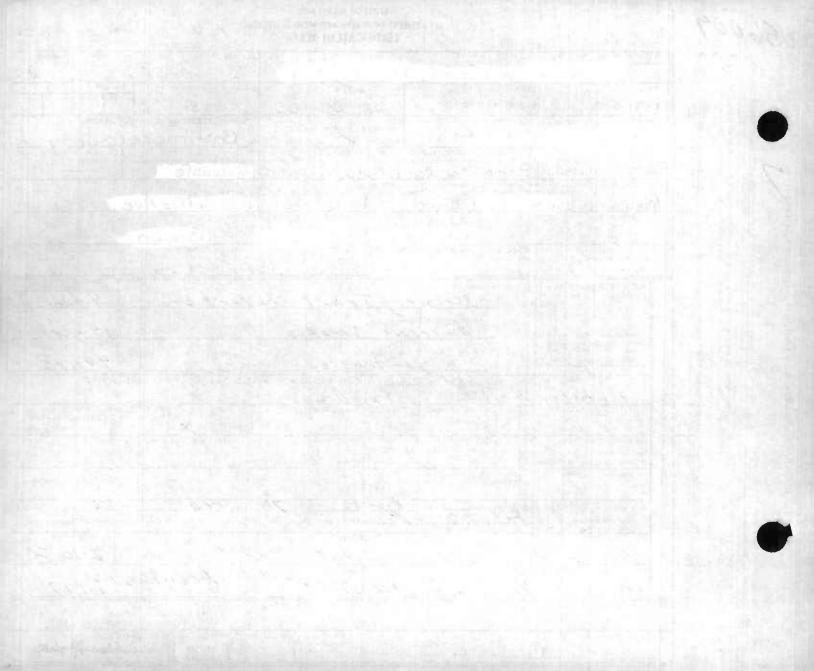
PEB 1 4 1986 Julia Davidson-Handare

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1156	009		FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 3 7 1 2
		1.1	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	H DAY YEAR 26 HOUR
0	deoth	{1	YPE OR PRINT) FLOREN	ICE S.	HASSENKRUG	2-20-8	7 11 A.
you	pod r de	3	SEX PLONEIN	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
9e 4	ector,		Female	White	MONTH DAY YEAR OZ 05 05	01	MONTHS DAYS HOURS MIN.
9	hour hour	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
- Paris	a de la companya de l	7 E	MARYLAND	U.S.A.	WIDOWED DIVORCED	1 1/ 1	re County MO
20 fer	The state of the s	10	city or town of Death	11. NAME OF HOSPITAL, N Breightone	1 1 1 (- 1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  ' HOMEMAKER	12b. KIND OF BUSINESS OR INDUSTRY
RYLAND 212		13	SUAL RESIDENCE (IF NURSING HOME OF A STATE 134 COUP FATHER'S NAME FIRST	ROTHER INSTITUTION, GIVE RESIDENCE	R TOWN 13d INSIDE CITY LIMITS?  YES X NO 1  15 MOTHER'S MAIDEN N	130 STREET ADDRESS 2035 Griffis	Avenue 21230
M bet	15.20	62	Unknown		liams Susan	1 Drow	Register
DRE,	o Ses	16	(YES NO OF UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIA	L SECURITY NO 17 INFORMANT	ADDRESS	21122
TIM be e	S. Po		NO	218-0	1-3239 Dorothy A.	Smith 1424 Wood	
TON ST., BAI	ending physic e corbonpape in, or remavol.			DUE TO, OR AS A CON	nary Tract I	enfection	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  4 ROBLES
201 W. PRES	ed by the att please remov rial, crematic or other frou		Canditions, if any, which gave rise to immediate cause iat, stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (	DUE TO, OR AS A CON	SEQUENCE OF LEASION		40415
RDS, 3	Then to bu	2		The lite &	Som alligated to the tex	MINAL DISEASE OR CONDITIO	N GIVEN IN PAREMON
AL RECO	ton. It permit	NOTA STREET	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
OF VIT	entificate rial-trans ental Hyg tem 18 sl	9	OR CONTRIBUTING TO CAUSE OF DE		H DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITE	EM 18, PART 1 OR PART 2]
DIVISION OF VIT	ter this os the bund We hand Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
0	RECTOR All ed for use of the offer use o		220.1 certify that (1) (this hospi saw the deceased alive an abave, (1) (we) (did) (and no	F 1 7 11	-Le	n death accurred an the date an	, 19 , that (I) (we) last ad haur and fram the causes stated
AL OK	the etoch rte De T. If H		226 SIGNATURE	R. Mose		MEDICAL STAFF DIRECTOR PHYSICIAN [	221. DATE SIGNED 2-20-56
O HOSPII	O FUNERAL  O FUNERAL  hould be deta  with the State  MPORTANT: 1		Pavila R.	MOINTI	4, M.D 5205 Ear		E127
1	5 - v > 7	23	BURIAL, CREMATION, REMOVAL	100000000000000000000000000000000000000	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
8	3P	L	Burial	2/24/86	Meadowridge Memoria		
	I - 16 50M 7/77 R A 15 (4))	24	FUNERAL DIRECTOR	ADDR	107 Wilkens Ave.	ATE REC'D. BY REGISTRAR 250, R	EGISTRAR'S SIGNATURE
(4)	V 13 (4))		Hubbard Funeral	Home, Inc. 4.	TO MITTELIS VAC.	B 2 1 1986 F	TO ENTRE TOOK - No should



4		1 - STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG.										0 3	7	1 3		
066184	1.		CEASED NAME E OR PRINT)		lward		P.			<sub>LAST</sub> Hauhn		100	20. DATE KNOWN OF ESTI- DEATH MATED	MONTH	9 19 8	EAR 2b. HOU
NECESSARY, PLEASE UNDERAL DIRECTOR FOR YOUR FILES WITHIN 72 HOURS	on sike	3. SEX	ale	4. RACE White	AA.	9 11	2°CAR	6 AGE (IN YEA	Y) MONT	IDER 1 YR. II	F UNDER :	24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	7 9	YEAR 2d. HOU
NECESSA FUNERAL WITHIN	35	M	RTHPLACE (ST REIGN COUNTRY) aryland	1		CITIZEN OF WHA	A		WIDOW		DIVORCE	D 0		nore Co	Y OF DEAT	MI
PAGE 5.		Ba	lto. Co	unty		NAME OF HOSP (IF NOT IN SUCH FACE 2409 H:	illf c	reet addressi	ve	21234	ON	FOR	MOST OF WORKING LIFE)	TYPE OF WORK	OR IND	or BUSINESS OUSTRY ired
- L.	35	130 S	aryland	113b C	ounty Balti	more	13c. CITY	OR TOWN	171)	YES 🗌	NO 🔯	240	eet ADDRESS 9 Hillfor	rd Dr.	212	34
FIER DEATH. FORWTH 3	30		THER'S NAME			J.		auhn			arbar		WIDDLE		Gre	ible
URS AFTER WITH FORM	Division /	160 V	VAS DECEASED ES, NO, OR UNKNO NO	DEVER IN U.S WN) (IF YES.	ARMED GIVE WAR	FORCES? OR DATES)		-26-20		Paul:		auhr	ADDRI 1 2409 Hil		Dr. 2	1234
TON ST., B.	n' n		18 CAUSE OF PART I DE	ATH WAS CA	er only an USED BY: DIATE CA	AUSE (a)	lyper	tensiv				otic	Cardiovas	cular	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
OT W. PREST	AND MENIAL HTG ON, OR REMOVAL.		gave ris cause (a) lying cau		diate ider-	(b) DUE TO, OR A	IS A CON	SEOUENCE C	)F	Diseas						
ECORDS,  D BE EXE ENDING"  MEDICAL  AS BAIL  A SA	CREMATION,	TION	PART 2 OTNER SIG		TIONS CONTI	RIBUTING TO DEATH BU		TEO TO THE TERMI	1 8			T 1 (e).				
F VITAL REWORD WORD "PEI HE CHIEF I	D BURIAN	CERTIFICATION	21g. EXTERNA		c	216. TIME OF		WHICH OPER							20. AUTO	
SION OF V RTIFICATE IG THE WC TO THE SHOULD B	203	MEDICAL CE	UNDERLYING CONTRIBUTION	OR NG CAUSE		HOUR A.M.	MONTH	19		CATION	CCURREL	) (ENIER	NATURE OF INJURY IN ITEM	I I B PART I OR PAR	12)	
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EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR:	PEATH, WITH THE ST		22s. I certif death results ACTUAL SIGNATURE	1	horge of	the readily disc.	Accident		Autap	Hamicid		Under	Inquiry , ermined manner .	and in my ap ], DATE SIGNE	2/1	1/86
O MEDIO			EXAMINER'S I	11)		Guerin	(687	-3300)		ADDRESS			re, Maryla	ınd		
BP		(5	Bur	ial		-12-86	C	aklawn	Cem	etery			CATION DRIOWN Baltimore REGISTRAR [256, Re	Mary	land	STATE
DHMH - 1; (VR A15 ME ( 15M 7/77	(5))	h	NAME	ynern	11	ADDRESS	1401 Balt	Bela O. Mb		-a.	MA	_	5 1986 U	GISTRABIS S	7 7 7	ndelle

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049039		REGISTRAR					FICATE OF DEATH	REG. N	10.		
n 6 4		CEASED NAME FOR PRINT)	FIRST		WIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
oge deoth			Ma		F. Hawe			Februar	a	1986	16:15A
Her p	3 SE		1.00	4 RACE			OF BIRTH H. DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
- B BE //		Female			ite		13, 1902 YEAR	83	YRS.		
1 (8)	7a. B	IRTHPLACE ISTATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
C. C.		ew York		U.S.A		WIDOW		-		_	M
1 11 10	C	atonsville		Summi	tt Nursi	ng Hom	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Retired		E) INDUSTRY	Gov t
AND 2	13a M	AL RESIDENCE (IF NUR. STATE laryland	Balt	imore	131 CHESTOENCE BEFO		13d INSIDE CITY LIMITS?	98 Smithwo	ood Av	e., 212	228
A STATE OF THE STA	17	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	. MIDDLE		LA	ST
		red C Fitz						urdick			
MORE exect		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b SOCIAL SEC		17 INFORMANT	ADDR			
LTIM is be	-	No			135 22 (		James F Haw	es 3230 Old	Fenc		
ST., BA		PART I. DEATH W	VAS CAUSE	ily one cause pe D BY: [E CAUSE (a)			iorespirator	y failure		BETWEEN	ONSET AND DEATH
301 W. PRESTON ST es that the death cert ned by the attending please remove corbon uriol, cremation, or ret		Conditions, if any gove rise to im- cause (0), static underlying couse	mediate ng the	(b)	OR AS A CONSECUTION AS A CONSECUTION	r Libr	alation				
gurres 1 signed hen ple to burio	Z	PART 2. OTHER SIGN	NIFICANTO	conditions c	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON Ongestive	dition giv	ENLIN PART I	0
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir ottending physicion.  Ifter this certificate has been sig as the buriol-transit permit. Then th and Mental Hygiene prior to b  orked or them 18 shows any injury	CERTIFICATION	194 DATE OF OPERA					N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES	S, WERE FINDIF	NGS USED
SION OF VIT. PHYSICIAN, This certificate build-strong and Mental Hygin do worth the build-strong and Mental Hygin do them 18 sh	ICAL CE	21a ACCIDENT WAS UNI OR CONTRIBUTING [	CAUSE OF DEA			DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, P	PART 1 OR PART 2)	
olVISION  VG PHYS  offendir  frer this  os the bu  h ond M  orkedor	MEDI	21d. INJURY OCCUR WHILE NOT WAT WORK AT WORK	HILE		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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TAL OR.  yy the ho  RAL DIRE  defoched  tote Depti		226. SIGNATURE	nes	3	Love	n		MEDICAL STA	FF CIAN []	Feb.	
TO HOSPITAL TO FUNERAL should be dete with the State			E. Ke	owe, M.	D.				alto.	, Md. 2	1228
BP		BURIAL, CREMATION,	REMOVAL		3,1986 Mo	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	10 M	adison	STATE
DHMH - 16 60M 7/73 (VR A 15 (4))		uneral director NAME Harry 112 old Co	H Wit	trales C	Dom: hessell		Home Inc	TE REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE
	_		_ WIND I	Y LIVE		City		- 10 AQO	4		

					STAT	OF MARYLAND				
g reg. In		FOR STATE REGISTRAR			CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 3	3 /	5
185		CEASED NAME WIT	Liam P. Ha	vden	l.	AST	20. DATE OF DEATH A	ONTH DAY	YEAR 25 HO	OUR
~		will	iam	P.		ayoen	02-		186 1:4	
	3. SE	X	4. RACE		S. DATE C	DE BIŘTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS	DATS HOURS	DER 24 HRS
1		male	Wh		08	-06-1924		YRS		1
1/2	70. B	RTHPLACE (STATE OR FOREIGN	u.s.a.	WHAT COUNTRY	? B MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR		ATH	
15/	10	ITY OR TOWN OF DEATH			WIDOWE	D DIVORCED X	Baltimore		VIII OF BUILD	MD.
5	R	andallstown	Baltimo	re Coun	ty Gen	eral Hospital	Retired	WORKING LIFE) INDI	KIND OF BUSIN USTRY	NESS OK
84	13a.	AL RESIDENCE (# NURSING HONESTATE 136 CC	YINUC	GIVE RESIDENCE BEFO 13c. CITY OR TO Randall	WN	13d INSIDE CITY LIMITS?	136 STREET ADDRESS / 9612 Southa	ZIP CODE	133	
12	M.E	THER'S NAME VI Paul Hatder		LAST		15 MOTHER'S MAIDEN NAM		10 21	LAST	
47	4	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES	S 01	0.40	
1/	_	YES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES!	217 14	4725	Frank McCull	ough 2944 Ro	gers Ave		
4		PART I. DEATH WAS CA	r anly ane cause per	line far (a), (b), a	ind (c)	A TOTAL TOTAL		86	APPROXIMATE INT	PERVAL ND DEATH
			DIATE CAUSE (a)	arpio	900	c shock	<u> </u>			
-		AND DESIGNATION	DUE TO, OF	R AS A CONSEO	UENCE OF					
1		Conditions, if any, which gove rise to immediate		cule	MYO	CORDICAL Fr	Farction			
[]		cause (a), stating the underlying cause last		R AS A CONSEQ	UENCE OF			5.0		
-		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	NTRIBUTING TO	DE ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	ITION GIVEN IN P	ART lia	
量上	20	Gerebral V	ces cultura	0.5005	2 . 01	Aighanul Ucis	culer Disa	615.0		
17	TIFICATION	90 DATE OF OPERATION	196 CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS US AUSES OF DEA	ATH?
1	18	210. ACCIDENT WAS UNDERLYING			DAV VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR I	PART 2)	
14	CAL	OR CONTRIBUTING CAUSE OF			DAY YEAR					
100	MEDICA	21d INJURY OCCURRED  MILE NOT WHILE AL WORK	21e PLACE (			216 LOCATION STREET	CITY OR TOW	N COU	UNIY	STATE
1		220.1 certify that (1) (this he	ospital) attended the	e deceased fram	2 -	19/ 19 86		3/ 198	-6 , that (1)	(we) lost
21		saw the deceased alive above, (I) (we) (did) (did	on 2 - 2	ofter death	0 0	d that in (my) (our) apinion	death occurred on the dat	e and haur and fr	om the causes :	stated
1	1	226. SIGNATURE	Joday		1000	DEGREE		220	. DATE SIGNED	D
15 T		cellan I.	clures	us m	. 0	ATTENDING PHYSICIAN	MEDICAL STAFF	ANG	2-23	-86
1 3		22d. PHYSICIAN'S NAME (T	PE OR PRINT)			22e ADDRESS				
MPORT		Allun J.				Baltimore		64000	1 110	SP
1		BURIAL, CREMATION, REMOVING TO THE PROPERTY OF	Feb 26			EMETERY OR CREMATORY Cemetery	PikesVIIIe	Baltin	nore Md	STATE
-										
7/84	Tn	UNERAL DIRECTOR Harr	olumbia P	ike ETTi	cott C	ity	EB 28 1986	The Day	a Alan Man	THE STATE OF
4)	TIL	0. 1112 OIG C	oranora r.			-	1.	U		











	PE OR PRINT)		THAD TO T	MIDDLE LIEAT	LAST		20. DATE KNO	11-	TH DAY Y	AR 7h F
3 SE	X	4 RACE	S DATE OF BIRTH	OSEPH HEAL	ARS IF UNDER TY			12	myll ?	6//
Life	lale	White	July 13,			HOURS MI	DEAD	repri	ray/60	86/1
100	OREIGN COUNTRY		76 CITIZEN OF WE	HAT COUNTRY?	MARRIED X	NEVER MARRIED DIVORCED	Balti	more Co		Н
1	Owson		(IF NOT IN SUCH FA	PITAL, NURSING HOME CHITY, GIVE STREET ADDRESS) Joseph Hosp	ital		FOR MOST OF WORKING L ACCOUNTANT	ON (TYPE OF WOR		USTRY
	AL RESIDENCE STATE larylan		or other institution, gr ttimore	136 CITY OR TOWN Baltimor	e Isa INSI	DE CITY LIMITO 13e	street address 815 Well	ington	Rd. 2	1212
)		atthew He		LAST	Lı	THER'S MAIDEN N FRST UCTETIA	Spicer		LAST	
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oy be	(TYPE	CEASED NAME FIRST OR RRINT) GEOTS	George L	) Will		Heatterich	20 DATE OF DEATH Februa	MONTH DAY	1986	10 AM
ge 4 mi	3 SE.	Male	White		NOV.		6 AGE (IN YEARS LAST BIR)	YRS.		HOURS MIN.
nerol dr.		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	75 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D XX NEVER MARRIED D	9 BALTIMORE CITY O Baltimo:			MD.
by the full led with	Ва	TY OR TOWN OF DEATH	6 Dalm	eny Cour	t Apt	R OTHER INSTITUTION  101	OF Retired P:	F WORKING LIFE)	INDUSTRY	business or tor
filled in	Ma Ma		e or other institution DUNTY timore	Baltimo	ADMISSION) N re	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / 6 Dalmer	ZIP CODE	t 122	21234
ompletely	14 F/	THER'S NAME William	WIDDIE	Heatter		15 MOTHER'S MAIDEN NAM FIRST Mary	WIDDLE		Bieb	el
be execu		VAS DECEASED EVER IN U.S. VES. NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES! WW11	212-03		Mrs. Margar	ADDRE			As #13e
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he low require ion. This been sign it permit. Then the prior to bu	CERTIFICATION	Esentia 190 DATE OF OPERATION	Syste	mic Hy-	pert	NOT RELATED TO THE TERMI 2 N SIM N WAS PERFORMED	20g AUTOPSY?  YES NO	20b IF YES, W IN CERTIFYIN YES	ERE FINDING	GS USED OF DEATH? NO
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ATTENDIN spital or CTOR: Af I far use o of Health		220.1 certify that (1) (this but sow the deceased alive above, (1) (was (did)) (did	on January	1 21 19	56_,01	nd that in (my) <del>(corr)</del> opinion d		25, 19		ot (I) ( <del>wet</del> lost juses stated
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TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		122d. PHYSICIAN'S NAME &	IB		M.D.	<u> </u>	th Charles	St. 5	Baltim	ione, Md
BP		SURIAL, CREMATION, REMOV SPECIFY) Cremation	2-26-			ew Crematory	23d LOCATION CITY OR TOWN Baltimor	e, Mary	Yland	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR  ck "Towson Fun	eral Home	1	10501	250 DATE		REGISTRAF		t-fondere

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH YEAR 26 HOUR CTYPE OR PRINTS ROLAND HENRY HEDRICK 4 RACE 3 SEX 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTH DAY YEAR MALE WHITE 26 19 66 . BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE | INBUSTRY RAILROAD RATLROAD 136 COUNTY IN CITY OR TOWN 13d INSIDE CITY LIMITS? ARYLAND BALTIMORE REISTERSTOWN 12311 BONCREST DR. 21136 ATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE **JOHN** HEDRICK **EMMA** KUEHN ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN HEYES GIVE WAR OR DATEST YES WW II 212-16-3782 12311 BONDCREST DR. HEDRICK APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for la PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI NOS YES [ 218 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFEITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN STATE NOT WHILE 220 I certify that || (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and how and from the causes stated above, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN X 226 ADDRESS

230 BURIAL, CREMATION, REMOVAL 236. DATE

BURIAL

23c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S CEMETERY

23d LOCATION CITY OR TOWN VIOLETVILLE

MARYLAND

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

2/18/86

256 REGISTRAR'S SIGNATURE DE

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DIVISION OF VITAL RECORDS,
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DIVISION

10128		FOR - STATE REGISTRAR	DEPART	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0	3 / 2
m.e		ECEASED NAME FIRST	MIDDLE	417	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
may be poge 3 er death	L	GERTR			HEVELL		02 11	186 2:30P <sub>M</sub>
Her pe	3 5	EX	4 RACE	S. DATE (		6 AGE (IN YEARS LAST BIR	HDAY) IF UND	DER I YEAR IF UNDER 24 HRS
ge ecto		Female	White	Jı	me 21, 1904	81	YRS	5 = 5
1	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	U.S.A.	MARRIE WIDOWI	D NEVER MARRIED DIORCED	BALTIMORE CITY O	-	
1116	3	TOWSON	11. NAME OF HOSPITAL, NÜRSII (IF NOT IN SUCH FACILITY, GIVE STREE GREATER BALTIM	T ADDRESS)		120 USUAL OCCUPATION OF STORE OF WORK FOR MOST OF Housewif	F WORKING LIFE) IN	b. KIND OF BUSINESS OR IDUSTRY
1 14	130	UAL RESIDENCE (IF NURSING HOME C STATE 13b, COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE  INTY  130. CITY OR TOV  Baltime	VN	13d INSIDE CITY LIMITS? YES DOK NO	130 STREET ADDRESS 2913 Baue	ZIP CODE	Ave. 21234
npletel and 2	2)	FATHER'S NAME FIRST	MIDDLE LAST Barring	er	15 MOTHER'S MAIDEN NAI	ME		LAST
d car	7 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		17 INFORMANT	ADDRE	SS	
Pog Pog	4	NO (IF YES, G	IVE WAR OR DATES)		Lois M. Hev	ell 2913 Ba	uernwood	Ave. 21234
g physicial on papers. emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (o), (b), or ED BY: SEPSIS	nd (chil				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS
ne death ce move carb matian, ar i		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE (b) BILATER	RAL PN	EUMONIA			DAYS
ed by the		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU					
signe hen p to bui	z	DEMENT I	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10
low red	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
N: The system of the control of the		210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR			
Ad TIBE	4	OR CONTRIBUTING CAUSE OF DE	MIN	AY YEAR				
G PHYSIC attending fer this cer s the burio and Ment	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	wn Cr	OUNTY STATE
spital or CTOR. Affar use a af Health		saw the deceased plive o	n 2/11 potential the deceased from a 2/11 pot) view the body after death.	2/4 86 .	, 19 <u>86</u> nd that in (my) (our) apinion (	, to2/11 depth occurred on the de		86, that (I) (we) last from the causes stated
by the hos by the hos JERAL DIREC be detoched State Dept.		raigm. Sh	auchness	w		MEDICAL STAI	F	2/11/86
retoined by TO FUNERA should be d with the Sta		226 PHYSICIAN'S NAME (TYPE		1.D.	220 ADDRESS  GBMC - 6701	N. CHARLES	ST. 212	04
5 5 5 2 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF	EMETERY OR CREMATORY	23d LOCATION	COU	MIV STATE
BP		Burial	Feb 14 1986	Morel	and Memorial	Baltin	nore	Maryland
DHMH - 16 60M 7/B (VRA 15, 4)		FUNERAL DIRECTOR Leonard J. Ruck	, Inc. Baltimor	re, Ma	ryland FE	B 1 4 1986	256 REGISTRAR'S	SIGNATURE
		The second secon						

PS LORO Authorities a volt standard ave. 2023-Marie . Break and I had been the Steam . the Marial sent 19do Colors Semerin, artisor darginal granti V. bick, Irc. salitore, larginal rib villa service sever

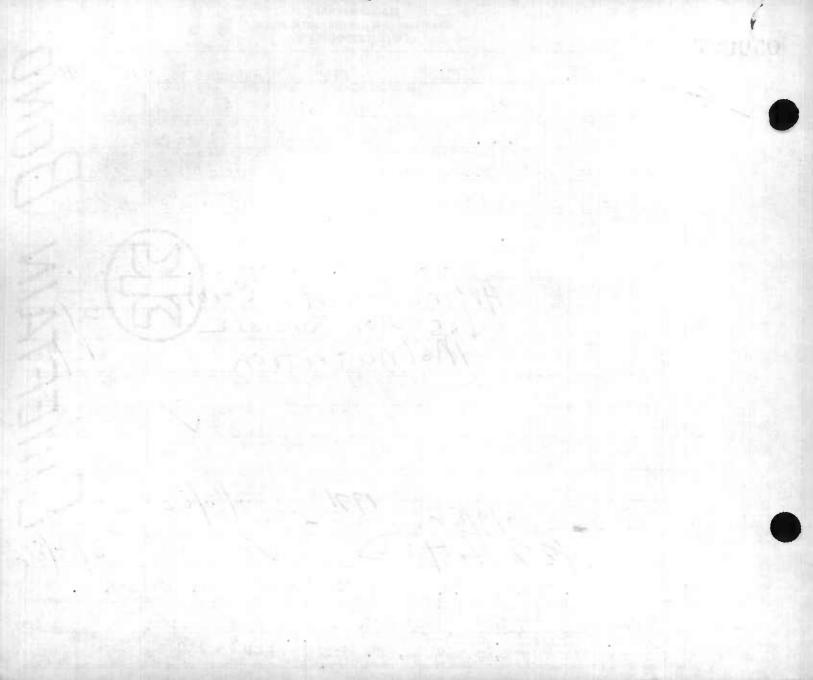
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	MCGIBIRAN.			42			REC	5. NO.		
	PEASED NAME FIRST	M	NIDDLE	LA	51		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	J,	-	ARRELL			LL	Februari		986	400AM
-30		4 RACE		5. DATE OF	DAY		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
	lale	White		Febr	uary	19,1900	85	YRS		
3	RTHPEACE (STATE OF FOREIGN COUNTRY)		WHAT COUNTRY?			R MARRIED	9 BALTIMORE CIT			
	I OWA.	U.S.A	OSPITAL NURSIN	WIDOWED	- Innered	DIVORCED	Baltime 12a, USUAL OCCUP			OF BUSINESS OR
		(IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESS)	K OTHEK II	45111011014	(TYPE OF WORK FOR MC	ST OF WORKING	LIFE) INDUSTRY	Υ
_	Catonsville AL RESIDENCE (IF NURSING HOME O		SEWOOD AL				Parole (	MALCE	i State	e of MD.
13n. S	STATE 13b COU		Catonsu	N I	13d INSIDI	NO 🛣	13e STREET ADDRE			21228
4. FA	ATHER'S NAME	=IDDLE	LAST		15 MOTHE	R'S MAIDEN NAA	AE MIDDI	F		AST
	Ulysses	S.	Hill			Charle	tte			Mullen
6a V	WAS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR		AD	DRES 311	4 Garris	son Blud.
1	YES, NO OR UNKNOWN) I (IF YES G		213-01-	0670	Rev.	Walter	Menges Ji	r. Bal		
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	IMMEDIA	TE CAUSE	1 - 1 10	/	2	7		70	(	7 42015
	Conditions, if any, which	DUE TO, O	VAN ZONEONE	TACES!	7	DIS	1258		100	/
	gave rise to immediate	(b)	m.	110	/	-/				1 (1.
	underlying cours last	DUE TO, OR	AS ACONSEQUE	ACE OF	4 1	·Viti	on			Tear
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT I	NOT RELAT	ED TO THE TERM	INAL DISEASE OR C	ONDITION	IVEN IN PART 1	lia
ATION								/		
CA	190 DATE OF OPERATION	1% CONDIT	TION FOR WHICH	OPERATION	WAS PER	FORMED	79s AUTOPSTT		ES, WERE FIND TIFYING CAUSE	
TIP			III SAN SANTE				VES   NO	1	YES []	NO []
CERT	\$1s. ACCIDENT WAS UNDERLYING	and the second second second second second	FINJURY M. MONTH DA	YEAR	the HOW	INJURY DCCURR	ED: (some nature or	PROPERTY IN THE R	R FART > OR PART II	
MEDICAL	OR CONTRIBUTING CALISE OF DE	Miles I I I I I I I I I I I I I I I I I I I		19						139
	214. INJURY OCCURRED	21s. PLACE C	OF INJURY IET FACION: OFFICE A	48H, \$7C E	2H. LOCA	TION	y circa	on righters	COUNTS	STATE
	WHILE D HOLWHILE D		-		19-	1	2/12	10,		2
	22s E certify that (1) (this hosp		doctored you -	-	17	19	-10/10/	00	19	that (fi less) last
	sow the deceased alive or above, (I) (we) (Colors	of Lvice the yody	hiter death.	ont	d that in In	ly) ( opinion t	leath accorded of the	e date and h	our and from th	e course shirted
	77% SIGNATURE	=715	lett	no	2 SEE	ATTENDING 6	MEDICAL DIRECTOR   PH	STAFF CO	The DAT	174/81
	THE PHYSICIAN'S NAME THE	OKSESSI /	1		27x ADDI	CONTRACTOR OF THE PARTY OF THE	A PURENT SHEET FOR	Salvania [7]		1110
	William E. N		M.D.	187.7			rick Road	, Balt	imore, 1	MD.
34.3	MUNIAL CREMATION, REMOVA					RCREMATORY	23d LOCATION	N .	COUNTY	STATE
	Burial	2/15/8	6 We	stmins	ter (	emetery	Westn	rinster		Marylan
14 F1	BERNGIRMTORE RUS	sell C.	Witzke Fu	ineral	Home	S P Mo DATE	RECED. BY REGIST	SEPSE REGI	SIBAR'S SIGNA	RTURE .
-	1630 Edmondson	Avenue, C	aconsula	Le, MU	• 212	20		U		

DHMH - 16 60M 7/84 (VRA 15, 4) - STATE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO				
		OR PRINT)	VE	LYN	MIDDLE	HI	MEL	FARE	2a DATE OF DEATH	2.	7	86	26. HOU	JR P
	3. SEX	X		4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY	IF UNDI	ERIYEAR	IF UNDER	
		FEMALE		WHIT	Е	OCT.		1907	78	YRS	MONTHS	DAYS	HOURS	MIN.
-		RTHPLACE (STATE OR FO	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED T	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
5		MARYLAND		USA	A	WIDOWE		IVORCED [	BALTIM	ORE CO	TNUC	Y		MI
7		TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)		TITUTION	120. USUAŁ OCCUPA (TYPE OF WORK FOR MOS	T OF WORKING		DUSTRY	F BUSINE	
		ANDALLSTOWN AL RESIDENCE OF MURSIF		BAL'		EN. H	OSP.		HOUSEWIF	E		AT .	HOME	
A. A.	13a S MAI	RYLAND	136 COUN		OWINGS M	N	YES XX	NO 🗌	13e STREET ADDRES 2 BITTERN			#211	17	
	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME			LAS1	1	
	9	SAMUEL			HOFFMA		DO				F	ISHE	R	
	{Y	VAS DECEASED EVER I res. no or unknown) NO			212-36-2			MR. NO BYRON	ORMAN HIME RD. #212				MATE INTER	
		Conditions, if any, gove rise to imm couse to istating underlying couse	which sediote the	DUE TO, O	R AS A CONSEQUE									
	NOI	PART 2. OTHER SIGN	IFICANT C		ONTRIBUTING TO E	DEATH BUT	NOT RELATE	O TO THE TERM	AIN AL DISEASE OR CO	NDITION G	IVEN IN	PART 110		
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?	IN CERT			OF DEAT	TH?
1		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEA	10	M. MONTH DA	YEAR	21c HOW II	VJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 18	PART I OF	t PART 2)		
	MEDICAL	21d INJURY OCCURRI	ILE   31	21e PLACE	OF INJURY REET FACTORY OFFICE F	ARM, ETC.)	21f LOCAT		CITY OR	TOWN	cc	YINUC	S	STATE
		22a I certify that (I) ( saw the decease above, (I) (we) job	d_olive on.	d	19	86	nd that in (my	, 19 ) (our) opinion	death occurred on the	dote and ha	. 19	om the	that (I) (v	we) los oted
		22b. SIGNATURE	Kon	T COOLY			DEGREE	ATTENDING	445D1644 63	AFF. 4		C. DATE	SIGNED	7

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 2-9-86 23c. NAME OF CEMETERY OR CREMATORY

BALTIMORE HEBREW

23d LOCATION
CITY OF TOWN
REISTERSTOWN

BALTO,

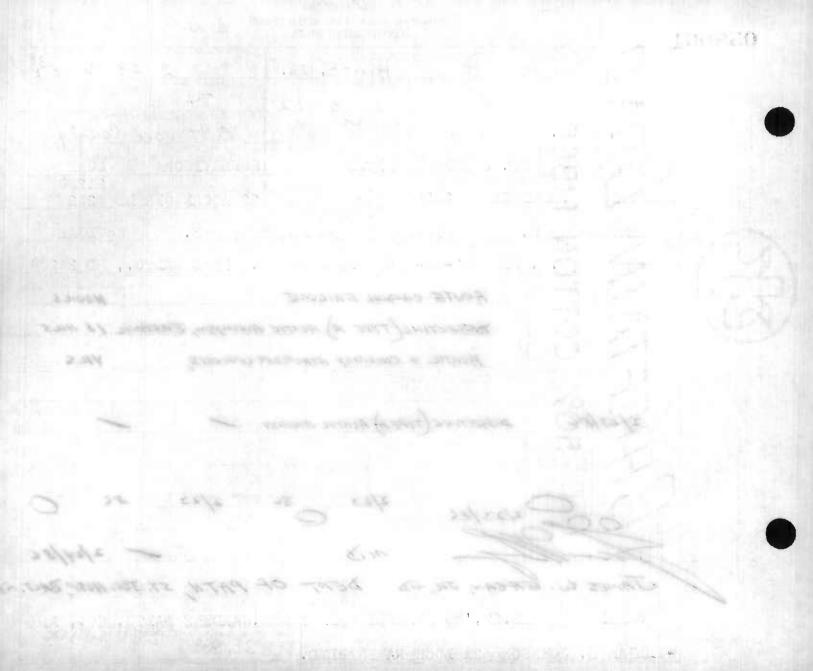
MD

FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215

-	REGISTRAR			1.44		ICATE OF DEATH	REC	G. NO.	0 /	4.
	CEASED NAME OR PRINT) Mr.	Ernes	st Hin	nes	,	AST	26 DATE OF DEAT	n MONTH DA		10.15PA
IROJR, RO				14.			48	MO		HUNDER 24 HRS.
								TY OR COUNTY O	FDEATH	A
					G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF THE PRINTER OF ME	PATION OST OF WORKING LIFE)	12b. KIND OF INDUSTRY Union	BUSINESS OR
Ma	AL RESIDENCE (IF NUR ITALE <b>ryland</b>	Baltimo	HER INSTITUTION			13d INSIDE CITY LIMITS?	13-7-804T KERB	Fidge Road		21207
		MIC	DDLE	LAST			44100	DLE	tast	
ye ye	VAS DECEASED EVER	Korea	D FORCES?					Baltimore	Ma	21207 aryland
	Canditions, if any gave rise to im cause (a), statu	IMMEDIATE (	DUE TO, OF	r as a conseque	NCE OF	e Ca·	DETYDY	arion,		
	underlying cause	e lost	(c)_		IVCE OF				1	
NOI			NDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR (			
ETIFICATION		NIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, IN CERTIFY!	WERE FINDING	GS USED OF DEATH? NO
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Œ	PART 2 OTHER SIG	TION  ATION  ATION  ADERLYING  CAUSE OF DEATH ANCAL EXAMINER)  RED	I9b CONDI  21b TIME O HOUR A.I  21c PLACE (	ONTRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA M.	OPERATIO  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NO[ RRED (ENTER NATURE OF	20b IF YES, IN CERTIFY!	WERE FINDING	F DEATH?
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CERTIF	PART 2 OTHER SIG	NIFICANT CO:  NTION  WEERLYING  CAUSE OF DEATH VICAL EXAMINER!  PREC  WHILE  I this hospital  sed alive on	19b. CONDI  19b. TIME O HOUR A./ P./ 21e PLACE (ATHOME STR	TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY etcl. Factory, Office, FA	OPERATIO  AY YEAR  19  ARM ETC.)	211 LOCATION 5186ET	YES NO NO CHY COLOR NO	206 IF YES, IN CERTIFY! YES INJURY IN ITEM 18 PAR OR TOWN  26 . 19 he date and hour of	WERE FIND INC NG CAUSES C 1 1 OR PART 2) COUNTY	STATE  at       (we) los puses stated
CERTIF	PART 2 OTHER SIG	NIFICANT CO:  NTION  WEERLYING  CAUSE OF DEATH VICAL EXAMINER!  PREC  WHILE  I this hospital  sed alive on	NDITIONS CO 19h CONDI 21h. TIME O HOUR A./ 21e PLACE (ATHOME STR	TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY etcl. Factory, Office, FA	OPERATIO  AY YEAR  19  ARM ETC.)	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN  22e ADDRES	YES NO RRED (ENTER NATURE OF	20b IF YES, IN CERTIFYI YES INJURY IN ITEM 18 PAR OR TOWN  About 19 be date and hour of STAFF IYSICIAN	WERE FIND INC NG CAUSES C 1 1 OR PART 2) COUNTY	STATE  STATE  STATE  OUT   1) (we) los puses stated  GNED
MEDICAL CERTIFI	PART 2 OTHER SIG	ATION  ADERLYING CAUSE OF DEATH AND CAUSE OF CAUSE O	19h CONDI  21h. TIME O HOUR A.I  21e. PLACE ( (AT HOME STR  View the body,  23h. DATE 2-28-86	TION FOR WHICH  FINJURY M. MONTH DA M.  OF INJURY rect. FACTORY, OFFICE, F	OPERATIO  OPERATIO  AV YEAR  19  ARM ETC.)  ARM OF CESTVICE	211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN  222e ADORS  ATTENDING PHYSICIAN  ATTENDING PHYSICIAN  222e ADORS  ATTENDING PHYSICIAN  ATTENDING PHYSI	200 AUTOPSY? YES NO CHYCOP RRED (ENTER NATURE OF CHYCOP A death occurred on the DIRECTOR PH	20b IF YES, IN CERTIFY! YES INJURY IN ITEM 18 PAR OR TOWN 26 . 19 he date and hour co	WERE FIND INC NG CAUSES C 1 1 OR PART 2) COUNTY	STATE  ST
	No BIII No Ra SUA Ma	North Carolina  Randallstown  Sual residence (if Num  Fartler's Name  Van Hines  166 Van Hines  186 CAUSE OF DEA  PART I. DEATH N  Conditions, if ony  gove rise to im  couse to, stort  couse to, stort	North Carolina  City or town of Death Randallstown  SUAL RESIDENCE (IF NURSING HOME OR OT STATE AND LINES NAME Van Hines  16 WAS DECEASED EVER IN U.S. ARM YES NO ORUNKNOWN)  18 CAUSE OF DEATH (Enter only PART). DEATH WAS CAUSED	North Carolina  North Carolina  North Carolina  North Carolina  It city or town of Death Randallstown  SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 30 STATE Maryland  FATHER'S NAME Van Hines  NODLE  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  YES NO OR UNKNOWN)  ROTE  18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate	North Carolina  To BIRTHPLACE (STATE OR FOREIGN NORTH CAROLINA United States)  TO CITY OR TOWN OF DEATH  Randallstown  SUAL RESIDENCE (IR NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE TO STATE HARD HARD HARD HARD HARD HARD HARD HARD	North Carolina  To BIRTHPLACE (STATE OR FOREIGN North Carolina  To Citizen of What Country?  What Carolina  To Citizen of What Country?  MARRIE WIDOWE  MARRIE WIDOWE  To Citizen of What Country?  MARRIE WIDOWE  To Citizen of What Country?  MARRIE WIDOWE  MARRIE WIDOWE  To Citizen of What Country?  Baltimore  To Citizen of What Country?  The Country of Country of Country of Country of Country on Cou	North Carolina    To Birthplace (State Or FOREIGN   To CITIZEN OF WHAT COUNTRY?   MARRIED   NEVER MARRIED   NE	Negro	Negro    Negro   May 2 1937   YEAR   48   YEAR     16 BIRTHPLACE (STATE OFFOREIGN   NOTTH Carolina   The Citizen of What Country?   MARRIED   NEVER MARRIED   Baltimore County     North Carolina   United States   WIDOWED   DIVORCED   Baltimore County     North Carolina   United States   United States   DIVORCED   Baltimore County     North Carolina   United States   United States   DIVORCED   Baltimore County     North Carolina   United States   United States   DIVORCED   DIVORCED     North Carolina   United States   Uni	Negro

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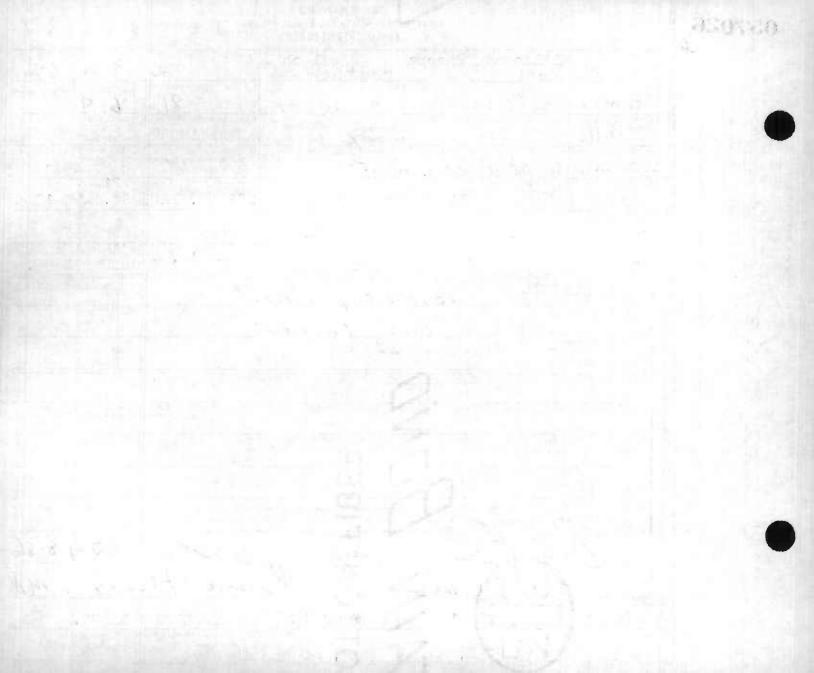
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041152	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 3 6	NO.	3	12	Ò
-		CEASED NAME FIRE		WIDDLE		AST	20 DATE OF DEATH	нтиом	DAY YEAR	26 HOUR	***
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9e 4 mc	3. SE	x Female	4 RACE White		S. DATE C	ust 2, 1903	6 AGE (IN YEARS LAST E	6 AGE (IN YEARS LAST BIRTHDAY) IF U			
And the state of t	la B	RIHPLACE (STATE OR FOREIG COUNTRY) Maryland	76 CITIZEN OF	A.	Y? 8 MARRIEI WIDOWE	D NEVER MARRIED TO DIVORCED				County	AD.
100	10. C	Towson		HOSPITAL, NURS HFACILITY GIVE STRE -Medica		R OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Teacher	TION TOF WORKING LI	176 KIND	OF BUSINESS C	R
6	13a	AL RESIDENCE (IF NURSING HISTATE 13b aryland	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFO		134. INSIDE CITY LIMITS?	13. STREET ADDRESS	ton St	. 21217	7	
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on and co		NAS DECEASED EVER IN U YES, NO OR UNKNOWN) NO	S. ARMED FORCES?	213-38		C.J.Stinchcomb 37 Acorn Cir. 21204					
th certificate nating physici corbonpaper , or removal.		18 CAUSE OF DEATH (En PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	//	rees to	ie Borelea	c fæliere			XIMATE INTERVAL HONSET AND DEATH	-
es that the dea ned by the atter please remove urial, cremation ,, or ather traum		Conditions, if any, whi gave rise to immedia couse to it, stating t underlying cause la	ch (b) (b) (ch (b) (b) (ch	R AS A CONSEO	UENCE OF	0	ecululii RMINAL DISEASE OR CO	•	6-	rolles	
e low require nos been sign permit. Then I ne prior to bu ws ony injury.	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES	S, WERE FIND YING CAUSE	INGS USED S OF DEATH?	
GCIAN: The g physicio errificate hisal-transit ental Hygie		210. ACCIDENT WAS UNDERLYN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY ANDICAL EX	OF DEATH HOUR A.	M. MONTH	ĐAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN.	_	S [] PART 1 OR PART 2}	но 🗍	
offer this cost the bury of the bury he and Medar Prixed or the bury he are th	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE AT WORK AT WORK	?le PLACE (	OF INJURY	FARM, ETC )	214 LOCATION STREET	CITY OR 1	NWOI	COUNTY	STATE	H
R ATTENDII haspital or RECTOR A ned far user spt. of Heali		andse, (1) (we) (did) (6	haspital) attended the	20 19	85 ar	d that in (our) opinio	an death accurred an the		ond from the	that (1) (ve) lo	151
the Digital Head		PHYSICIAN DIRECTOR PHYSICIAN								4/85.	
TO HOSPITAL TO FUNERAL should be dete		Edwin J.	Berstock			302 E. 3	33rd St.				
BP		BURIAL, CREMATION, REMA [SPECIFY]  Burial	23b. DATE 2-7-8		Druid	emetery or cremator Ridge	23d LOCATION CITY OR TOWN Pikesvil	leBalt	imoreMa	aryland	
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director itchell-Wiede	efeld Home	6500 Yo	rk Roa	0	EBO6 1986	R 25h REGIST	RAR'S SIGNA	TURE and all	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLANG 21201

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STATE OF MARY
DEPARTMENT OF HEALTH AND
CERTIFICATE OF

LAND D MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

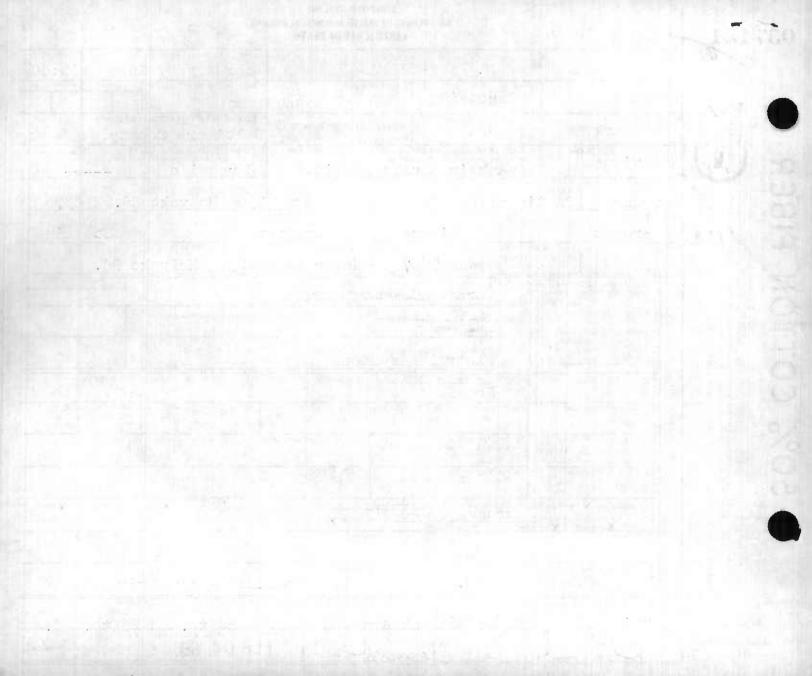
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		EASED NAME	FIRST	N	AIDDLE		U	157		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(TYPE	OR PRINT) A1	ice	M		HOFFMA		N		February 3		1986	12:40 a	
	3. SEX	(	-	RACE		5	DATEO	F BIRTH		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
1	F	emale	Cauc	easia	n	MONTH 11	21	1894	91	YRS	MONTHS DAYS	HOURS MIN.		
1		RTHPLACE   STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUN	VTRY? 8	AA A DDIED	□ NEVER	AADDIED [	9. BALTIMORE CITY	OR COUN	TY OF DEATH		
6	IA	ew York		US	SA		VIDOWE		VORCED [	Baltimor	e Co	unty,	MD.	
17		TY OR TOWN OF DEA	ATH 1	1. NAME OF H				R OTHER INS	TITUTION	120 USUAL OCCUPAT			F BUSINESS OR	
11	1	ssville		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospita  R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)					tal	Housewife				
6	13a S	AL RESIDENCE (IF NURS TATE	13b COUN		13c CITY OF			13d. INSIDE C		13e STREET ADDRESS				
1		ryland	Balt	imore	Rose	dale	)	YES 🗌		2301 Hol;	yoke	Rd. 21	.237	
1/	14 FA	THER'S NAME	M	NODLE	LAS	51		15 MOTHER	S MAIDEN NAM	WE		LAS		
1/		Ernest			Pi	erce	>	M	argare	t		Sco	llins	
1	16e V	VAS DECEASED EVER	ED FORCES? 166 SOCIAL SECURITY NO.			17 INFORMANT ADDRESS								
	(1	NO OR UNKNOWN)	(IF TES, GIVE	WAR OR DATES)	WA837607 Hele			Hele	en Bales 2301 Holyoke			ke Rd.		
		18 CAUSE OF DEAT	H (Enter only									APPROX BETWEEN	MATE INTERVAL	
		PART I. DEATH W	AS CAUSED IMMEDIATE	0.6	ardio	pul	nona	ry Ar	rest					
				DUE TO OF	AS A CON	SEQUEN	CE_OF_							
		Conditions, if ony, which Conditions, if ony, which Conditions (1b) Conditions (1c) Pulmonary Edema												
		gove rise to immediate Couse (a), stating the DUETO, OR AS A CONSEQUENCE OF												
		underlying couse lost. ( Pleural Effusions												
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											0	
-	TO				epsis									
9	CERTIFICATION	19a DATE OF OPERA	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT							
1	RTI			All This of	E IN LILIDY			121. 11011/15		YES NO		YES	NO 🗆	
Ch		OR CONTRIBUTING		HOUR A.A		H DAY	YEAR	ZIE. HOW IN	IJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 1	8 PART I OR PART 2)		
1	MEDICAL	(IF EITHER NOTIFY MEDI		P.M. 19 216. PLACE OF INJURY 211 LOCATION				000						
1	MED	21d INJURY OCCUR			OF INJURY EET, FACTORY, C	OFFICE, FARA	A, ETC }	211 LOCATI		CITY OR T	OWN	, COUNTY	STATE	
		AT WORK AL WO	RK -			- Tr	77779	777 20	- 26	Fobsu	0.3422	2 06		
		270.1 certify that (this hospital attended the deceased from January 29, 19 86, to February 3 saw the deceased alive an February 3 19 86, and that in (%) (our) opinion death occurred on the date of obove, (we) (did) (d) (not) view the body after death.											that 🗶 (we) last	
		obove, to (we) (a	did) (di not)	view the body	after death.				(our) opinion o	death occurred on the c	late and h			
		22b. SIGNATURE			Del			DEGREE	ATTENDING	MEDICAL STA	A F F	22c DATE	SIGNED	
		22d. PHYSICIAN'S N			100				PHYSICIAN [					
		Jee-	MD. 220 ADDRESS 9000 Fran				klin Square Drive, 21237							
					VID.						ге р	rive, 2	21231	
	- ()	URIAL, CREMATION,	REMOVAL	23b DATE	1- 1	23c NA	ME OF CE	METERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
		Burial		02/05	5/86	Oak	claw	n	Total a con-	Balto	A	Balto.	Md.	
34	24 FU	NERAL DIRECTOR	1)	. 1	ADD	DRESS.		1	250 DATE	EB 04 198		ISTRAR'S SIGNAT	26.7	
		the lite	- and	. 11	110	60	alm b	has		-EB 04 198	N.	1430	- Indian	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the



FOR	DEP
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## STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.					

5028	1 -	STATE REGISTRAR				CERTII	ICATE OF DEA	ATH	0	REG. NO.	U	3	1 4	•
m = 10		CEASED NAME	FIRST		Foch	t	AST		20 DATE OF D	EATH MONTH	DAY	YEAR	2h HOUR	•
deor de or			E DW	IN	F.	H	DEFMASTE	ER	1734	2	8	86	11:49	2
ter p	3. SE)			4 RACE		5. DATE (		VEAD	AGE (INYEA	RS LAST BIRTHDAY)	IF UND	DER I YEAR	HOURS MIN.	
rs of		Male		Whi	te	Jan		04	82	YF	RS			
hou			OREIGN	76. CITIZEN C	F WHAT COUNT	RY? 8	D NEVER MAR		BALTIMORE	CITY OR COU	NTY OF D	EATH	1 2	_
n 72		IMPLACE (STATE OR FOREIGN UNTRY)  INTO SYLVANIA  OWS ON  RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF BALTIMOTE OF FIRST  FRANK AS DECEASED EVER IN U.S. ARMED FORCE (IF YES GIVE WARD AT DEEP OR UNKNOWN)  NO OR UNKNOWN)  CAUSE OF DEATH LENter only one couse PART I. DEATH WAS CAUSED BY:	USA	A	WIDOW		RCED	BALT	IMORE	COUN	TY	M	D	
# 57							OR OTHER INSTITU	TION	12a USUAL OC				F BUSINESS OR	
506	1	OWSON		GBMC	6701 N		RLES ST.		Propi	or most of working ietor		Static	onary	
a a	USU/	L RESIDENCE (IF NURSI		OTHER INSTITUTION		EFORE ADMISSION)	1 13d. INSIDE CITY I		-	DRESS / ZIP C	F	Busin		-
pluc	1.7.	laryland			Timo			o X	1902	Knollto	on Ro	1 2	1093	
e	-	THER'S NAME					15 MOTHER'S MA	AIDEN NAM	E					-
130	)			WIDDIE	Hoffma	ster	Cha	rlotte		MIDDLE		FO	cht	
0 1		AS DECEASED EVER					17 INFORMANT			ADDRESS				-
medi	()	ES, NO OR UNKNOWN) NO	(IF YES GIV	E WAR OR DATES)	214-0	1-7864	Edwina	A. B	radt,	15013 J	arsk	i Ct.	., 2202	
ol.		18 CAUSE OF DEATH	l (Ente) on	ly one couse p	er line for tal, (b	, and ic	To Street B					APPROXIV BETWEEN C	MATE INTERVAL	
emo				D BY: E CAUSE (a)_	RESPI	RATOR'	Y FAILUR	RE	170					
offic of				DUE TO.	OR AS. A. CONSE	QUENCE OF								
tian, aum		Conditions, if ony,		( 1b).	METAS	STATIC	PULMONA	ARY S	PREAD	- 1,3				
emo		gave rise to imm couse (a), stating	g the	DUE TO,	OR AS A CONSE	QUENCE OF								
ol, cr		underlying couse	lost.	( (c)_	CARCI	AMON	LUNG							
injury, o	NOI	PART 2 OTHER SIGN	IIFICANT C	CONDITIONS			S, STAP			OR CONDITION	GIVEN IN	PART 110	)	
prio	CERTIFICATION	190 DATE OF OPERAT	ION	196 CON	IDITION FOR WH	HICH OPERATIO	N WAS PERFORM	ED	20a AUTOP		FYES, WER		GS USED OF DEATH?	-
iene	TIFI								YES 🗌	NO [	YES	CHOSES	NO [	
Hy9	S	210. ACCIDENT WAS UND	_	110110	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTERNATU	RE OF INJURY IN ITEM	18 PART 1 O	PART 2}		Ī
De a	CAL	OR CONTRIBUTING C		un l	P.M.	19								
or the	MEDICAL	21d INJURY OCCURR	ED		E OF INJURY	INCE CARM ETC 1	211 LOCATION			CITY OR TOWN	C	OUNTY	STATE	_
rked	2	WHILE NOT WHI	K .	(ST. NOME	STREET FACTORY, OFF			0.0		10		0.		
e olf		22a I certify that UL	(this hospi	tal) attended	the deceased fro	2/	5	19 00	_, to	/8	. 19	00	that (we) los	t
of H	46	sow the decease above, (I) (we) (d	d olive on	LI view the ho	dy after death	9 86.	nd that in (my) (our	ir) opinion de	eoth occurred	on the date and	hour and	from the c	couses stated	
hed ept tem		226 SIGNATURE	10.0	17 116 117 1116 00	ay oner deom.		DEGREE				2	22c DATE S	SIGNED	-
retaching Triff	3.	Crains	1. 11.	0			SA ATTE	SICIAN	MEDICAL	STAFF PHYSICIAN X		219	186	
AN	-	22d PHYSICIA S NA	ME (TYPE O	R PROFIL	7		22e ADDRESS						100	-
PORT		CRAIG	M. SI	HAUGH	NESSY	MD	GRMC	_						
W P O	23a B	URIAL, CREMATION, I				23c NAME OF C	EMETERY OR CREA		23d LOCAT					=
		SPECIEVE / /	1	./1					CITY OF	TOWN	COL	NITY	STATE	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

2/11/86 Burial

Dulaney Valley Cem.

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Md.

E. Lowell Lemmon, 10 W. Padonia Rd.

REGISTRAR'S SIGNATURE PONDE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3095	1	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.	0	. 100
8		CEASED NAME	FIRST	L. T. FER	MIDDLE		AST	20. DATE OF DEA		DAY YEAR	26 HOUR
11/			BERTHA	EVEI	LYN	H	OOK	February	25, 19	86	
4 1	1.56	X		4 RACE		5. DATE C		6 AGE (IN YEARS	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR
op a	P	emale		White		Sept	. 14, 1910	75	YRS	MONTHS DAYS	HOURS MIN
1 195	70 B	RTHPLACE ISTATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNT	DV2 8	D NEVER MARRIED	9 BALTIMORE		Y OF DEATH	
11/29		ervland		U.S.Z	Α.	WIDOWE		Baltimo	ce Count	У	٨
31 Bar		ITY OR TOWN OF D	EATH	11. NAME OF		RSING HOME	OR OTHER INSTITUTION	120 USUAL OCC			F BUSINESS C
51 AC	Con	owson				vale Rd		Payroll			child F
1 32/	USU	AL RESIDENCE (FN	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BE	EFORE ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDI		7.7 17.2 17.2	
学型ク		arvland		imore	Towso		YES NO TE		custval		21.20
10		THE S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	ODLE	LAS	
10 /250	Va	Laude		uvall		ine,Sr.	Annie		ıra		uer
0	16a \	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIAL S		17 INFORMANT		ADDRESS	20	
50 5/	N	YES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	216-01	-8259	John DePrin	e -533 W	allev Vi	ew Rd.	2120
25-4	-		ATH (Enter or	nly ane cause per	-		- COMP DOLLAR		7		MATE INTERVAL
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 2a DATE OF DEATH 2b. HOUR DECEASED NAME (TYPE OR PRINT) February 9, 1986 Tda Mae Hoppman 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3 SEX 0ct. 29, 0AY 1900 Female White 85 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Virginia USA Towson Balto. County WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION CITY OR TOWN OF DEATH Manor Care Towson (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Towson SUAL RESIDENCE LIF NURSING HOME OF WIHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13h COUNT Baltimore 3026 Pinewood Avenue 21214 Md. IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Lillian William Stickels Fenton Smith 17 INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) 705-05-2678 Mr. Earl B. Hoppman no 18 CAUSE OF DEATH (Enter only one cause per line PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED IN DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDICA 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased fram. saw the deceased alive anand that in (my (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT 1006 Taylor Avenue Baltimore, Maryland Khin Tun 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE

Parkwood

DHMH - 16 60M 7/B4 (VRA 15, 4)

Parkwood

24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

Feb. 13.1986

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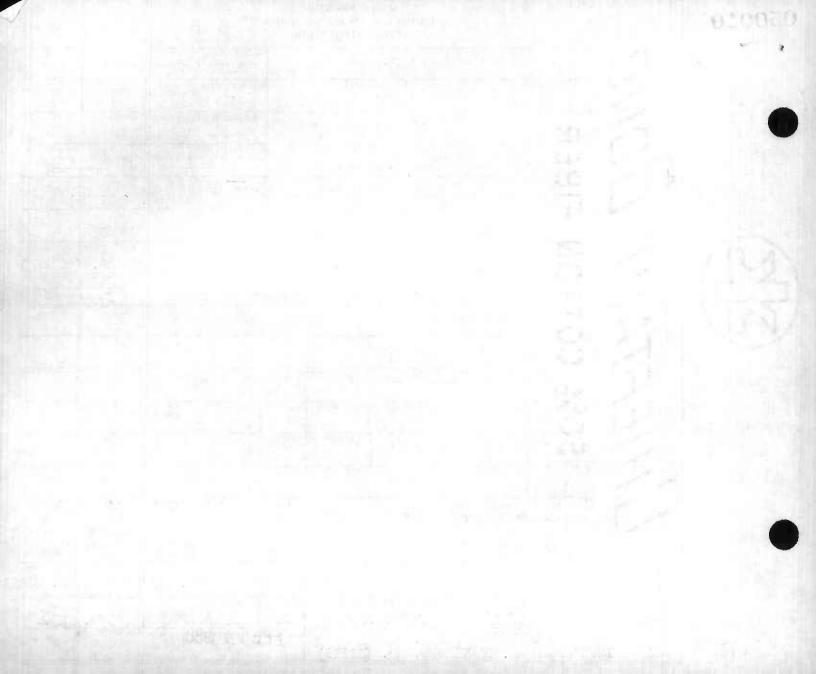
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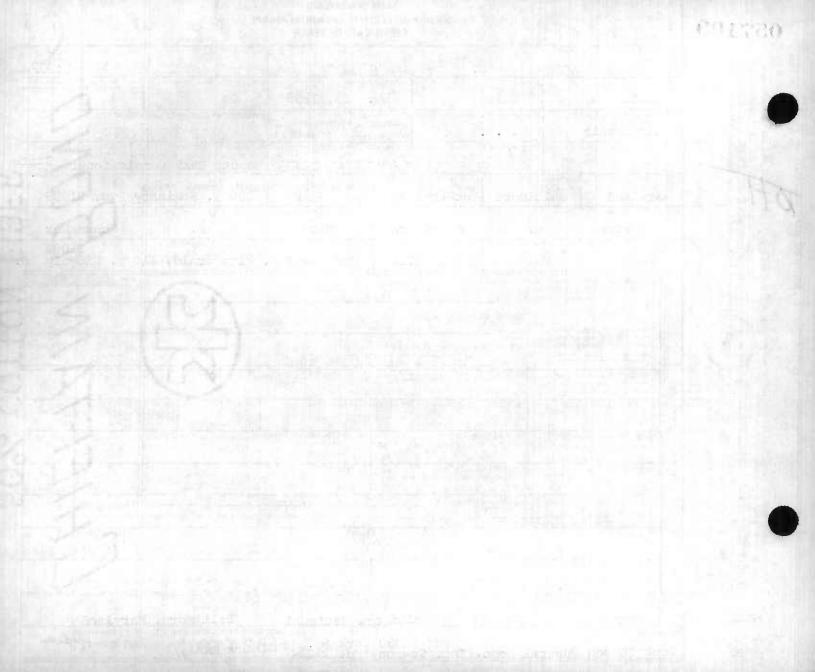
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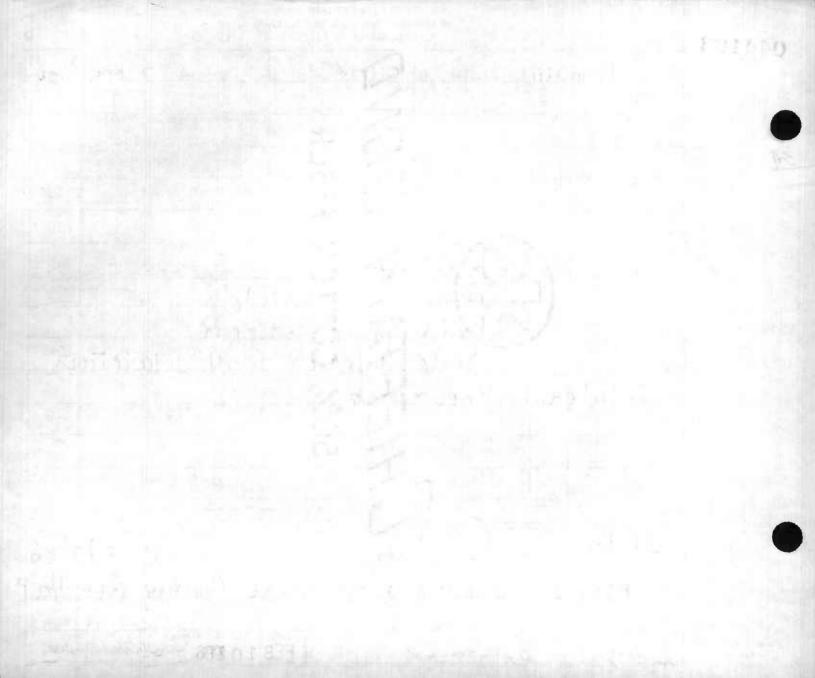
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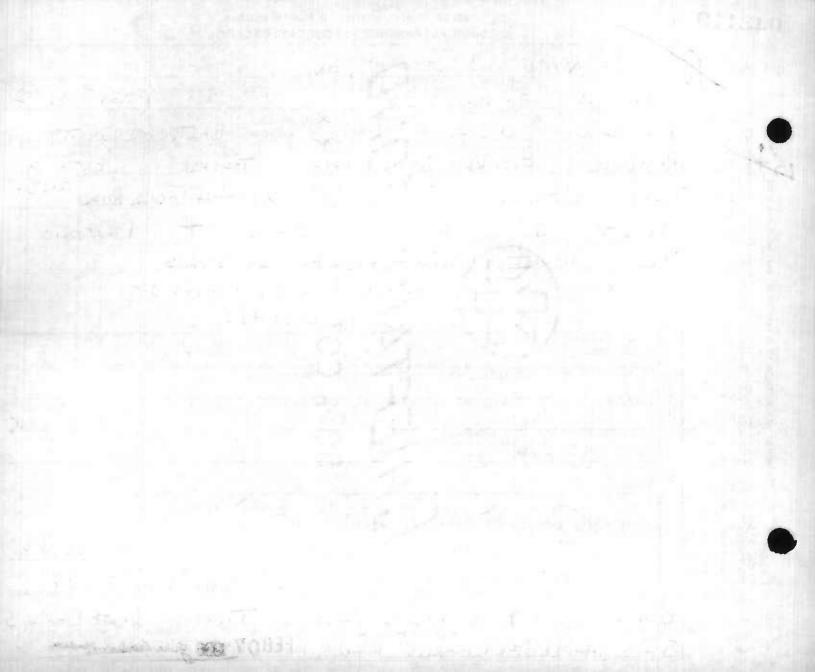
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X02X52	230 B	URIAL, CREMATION, REMOVAL 23	b DATE	23c NAME OF CEN	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 050146 DECEASED NAME 20. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) Howell Nona Fave 1986 February 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3 SEX MONTH DAY YEAR 1936 Female. Caucasian January TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina WIDOWED DIVORCED Baltimore County 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Old Court Nursing Center Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE

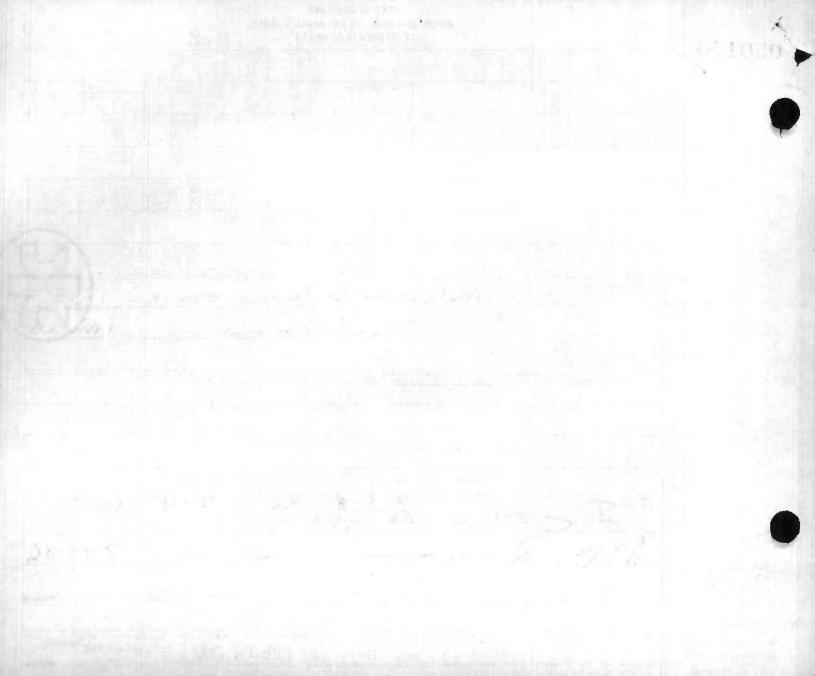
130. COUNTY

131. CITY OR TOWN 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Randallstown 3501 Beagle Lane Apt 304 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST Charles Lester Howe 11 Elizabeth May ADDRESS 76248 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT Keller, TX (IF YES, GIVE WAR OR DATES) No 240-54-5261 Mattie Stephens 416 Glen Dr. Mrs. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased fram sow the deceased alive on abave (1) two) (did did not new the body after death and that in (my) (our) apinian death occurred an the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN 22e ADDRESS 21133 Dr. Michael Pearlman 5400 Old Court Road Randallstown. MD 230 BURIAL CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN COUNTY STATE Piney Creek Burial 2-15-86 May Cemetery Ashe N. C. 24 FUNERAL DIRECTOR LORING Byers Funeral Directors, Inc. 250 DATE REC D. 8Y REGISTRAR 250. REGISTRAR 250 REGISTRAR Randallstown, MD 8728 Liberty Rd. 21133

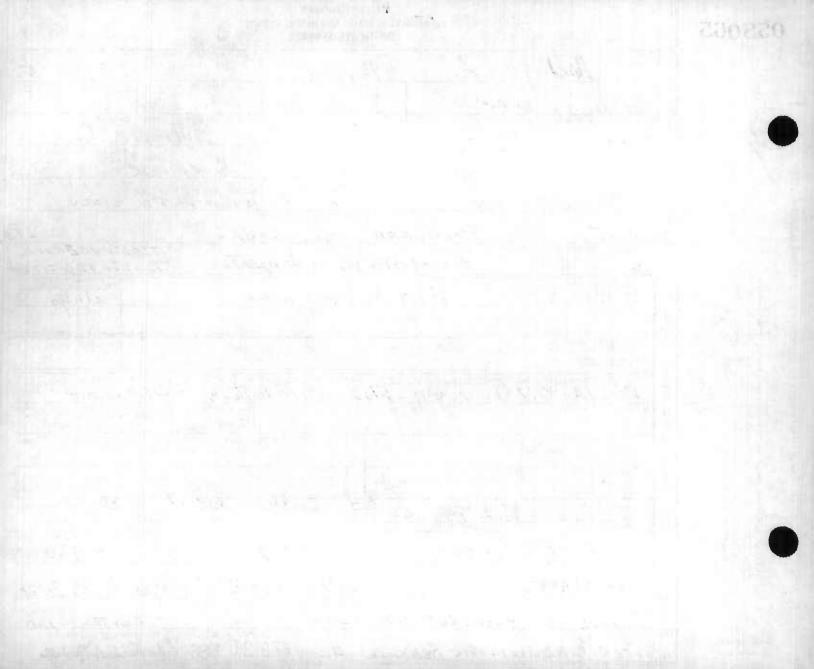
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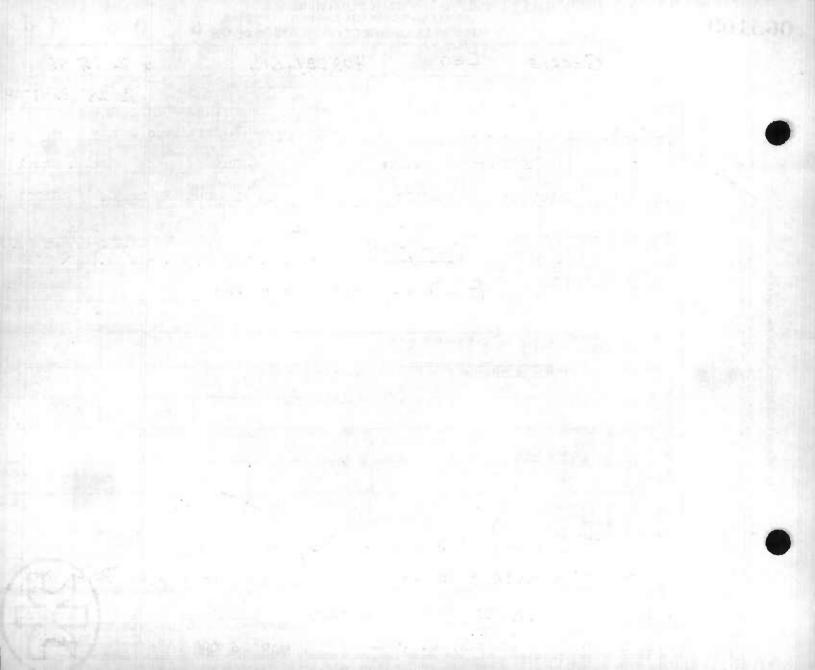


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9	Ma.		ite	5. DATE OF MONTH	B DAY	YEAR 1911	6. AGE (IN) LAST BIRTH	DAY) MON	NDER 1 YR	HOURS	24 HRS MIN.	2c. DAT PRONOU DEA	D D	2 2	28	1986	2d HC	
5	FO	RTHPLACE (STATE OR REIGN COUNTRY)  Cyland		U.S		AT COUN	TRY?		RIED   N	NEVER MARR	ED			y or cou		DEATH		
1	Du	ry or town of de ndalk		8114	Dunc	lalk	RSING HOA TREET ADDRESS Avenu	e	HER INSTI	TUTION		MOST OF WO	JPATION ORKING LIFE)	(TYPE OF WO	0	IND OF BU OR INDUSTR Ch. St	RY	
	13a S	L RESIDENCE (IF IN N ATE ryland	13P CORN		ITION, GIVI	13c. CITY	OR TOWN	SION)	13d INSID	E CITY LIMITS?		eet addi 4 Du		k Ave	nue	ue 2122		
	RO	THER'S NAME FIRST		MIDDLE LAST Hurley					is MOTHER'S MAIDEN NAME  Bernice							LAST Dunn		
		/AS DECEASED EVEI ES, NO, OR UNKNOWN) S	?	212	16 7	733	Geo	orge L	. Hur	ley,				MD.				
	ATION	gave rise to couse (o) stotin lying couse lost  PART 2 DTHER SIGNIFICA  19a. DATE OF OPER	g the <u>under</u> - NT CONDITIONS	(c)	D DEATH 8	UT NOT RELA	SEQUENCE TED TO THE TEI WHICH OPE	RMINAL DISEA			IRY 1 :a				20	AUTOPSY?		
	MEDICAL CERTIFIC	21a EXTERNAL CAU UNDERLYING CONTRIBUTING [21d INJURY OCCUI	OR CAUSE OF E	21b. T HOU	IME OF JR A.M. P.M.	INJURY MONTH		AR 21c. H		RY OCCURRI	ED (ENTERI	NATURE OF I	NJURY IN ITEA	M 18 PART 1 OI		YES 🗆	10)	
	MEC	WHILE AT WORK AT WORK AT WORK AT WORK ACTUAL SIGNATURE EXAMINER'S NAME	I took chorg	STR	oins desc	ory, FARM, E	ve, held on		STREET  DSY  A.D.  A.D.	Inspection micide (SPECIFY)	Undet	Inquire ermined in	nonner MINER	ond in my		le. 19	stat	
	Bu	(TYPE OR PRINT) _ JRIAL, CREMATION, PECIFY) rial	REMOVAL 2	3b. DATE 3/3/19	86		AME OF C				23d LC	CATION OR TOWN		$\rightarrow$	COUNTY	Mary	ATE lan	
		NERAL DIRECTOR				k MT	212	22		250 DATE		REGISTR		EGISTRAR			Li.	

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STATE OF MARYLAND

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STATE OF MARYLAND

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR						REG. N	O		
	CEASED NAME FIMARS		MARTH?	30	Jana Tana		70 DATE OF DEATH	2 c	2 80	S HOURIS
3,65	male	White		S. DATE C	DAY YE	2	6. AGE (IN YEARS LAST BIR		MONTHS DAY	
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8. MARRIEI	D NEVER MARRIE		9 BALTIMORE CITY O	RCOUNTY	OF DEATH	
Oh	NAME OF TAXABLE PARTY.	U.S.A.		WIDOWE			X241/wo	RP (	apply	1 M
	TITY OF TOWN OF DEATH		OSPITAL, NURSING FACILITY, GIVE STREET A		OR OTHER INSTITUTIO	NC	170 USUAL OCCUPATION OF OF WORK FOR MOST OF			OF BUSINESS OF
	owson J	2/0/1/9	1106	25	Hospice	1	Homemaker		Own	Home
113s.	IAL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIM	AITS?	13e.STREET ADDRESS	ZIP CODE		
Ma.	ryland Balti	more	L. STyck		YES NO	x	1730 Abe	rdeen	Rd.	21234
14.5	ATHER'S NAME	AIDDLE	LAST		15 MOTHER'S MAID	EN NAM				LAST
Ri		klin	Brown	1	Hatti	0	Blan	aho		Burton
	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECUP		17 INFORMANT		ADDRE	55		
No	(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	212_20_60	000	Mantha 7					,Md. 2116
110	18 CAUSE OF DEATH (Enter onl		213-38-60		I Mar Liia A	Me	rchant -7	ma G	arrett	OXIMATE INTERVAL EN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a1, stating the underlying cause last	(c)	as a consequence of							
No.	PART 2 OTHER SIGNIFICANT C	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
CERTIFICATION	9a DATE OF OPERATION	196 CONDIT	ndition for which operation was performed				200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO		
10.73	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA!  (IF EITHER NOTIFY MEDICAL EXAMINER)	in .	. MONTH DA	Y YEAR	21c HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2	2)
MEDICAL	21d. INJURY OCCURRED	21e PLACE O	F INJURY ET FACTORY, OFFICE FA	ARM, ETC )	21f LOCATION STREET	21	CITY OR TO	wn	COUNTY	STATE
1	11 territy that (I) this hospital attended the deceased from BULLACY 7, 19 10, to POPOPOP 19 6. that (I (we)) and that in (my (aur)) pinion death occurred an the date and hour and from the causes stated above. (I fine add distinct we the body our death.									that (I (we)) as he causes stated
	THE SIGNATURE	1			DEGREE ATTEND PHYSIC		MEDICAL STAI		22c DA	TE SIGNED
	The PHYSICIANS NAME (INFO	(Panal)			22e ADDRESS					
100		Y	7							

(SPECIFY)

Burial

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR ADDRES 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

2-5-86

Moreland

CITY OF TOWN

COUNTY

STATE



- STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	t the	, the
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	TIE	TOR
	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours and certificate by the hospital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the circumstance of the complete
	r the	AL C
	SPIT d by	NER
	H	II.

DECEASED NAME FIRST 2a DATE OF SATH TYPE OR PRINTS poge . CHARLES J. JACKSON 02 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 0 Aug. 6.1921 YEAR Male White 64 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA BALTIMORE COUNTY. WIDOWED DIVORCED [ IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Painter-Paper Hanger GREATER BALTIMORE MEDICAL CENTER Self TOWSON JOUAL RESIDENCE (IF NO B<sub>a</sub>ltimore Baltimore 1303 St. Andrews Way Maryland 21239 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME BAST Mattingly Andrew Jackson Viola Catherine Bromwell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMAN (IF YES. GIVE WAR OR DATES) Yes II 213-34-7038 Geraldine J. Jackson Same or removol. 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and ic APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RESPIRATORY ARREST or other troumotic DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL INFARCTION Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 0 prior 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED nsit peri IN CERTIFYING CAUSES OF DEATH? sham NOX YES [ r use as the burial-transit Health and Mental Hygir 71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH morked or Item (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY OFFICE FARM, ETC.) CITY OF LOWN COUNTY STATE AT WORK NOT WHILE 27a I certify that (I) (this haspital) attended the deceased from 86 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated should be detached f with the State Dept. o IMPORTANT: If Item 2 226. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING MEDICAL 86 PHYSICIAN DIRECTOR PHYSICIAN X 22e ADDRESS MICHAEL SIPPLE, M.D. GBMC - 6701 N. CHARLES ST. 21204 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial Feb. 14,1986 Dulaney Valley Mem. Timonium, Balto. Co., Md. 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

Mitchell-Wiedefeld Home, INc. Balto., Md.21212

0420	21	1.	FOR STATE REGISTRAR XC 21	8 22 8329		NENT OF H	OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	О.	0 3	145	
			CEASED NAME FIRST	MIC	DDLE	ĺ.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
may be page 3 ter death			EUGE				ACKSON	FEBRUARY	5	1986	12:20 F	
4 mo	in 72 hours offer or or or		X	TT (7 %		DAY YEAR	6. AGE (IN YEARS LAST BIR		MUNTHS DATE	R IF UNDER 24 HRS		
recto urs o			ALE			JUNI	E 20 1929	56 YRS				
meral di			RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND			MARRIE WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE COUNTY  MD				
by the fu	Page 1	5	ORT HOWARD	(IF NOT IN SUCH F	1. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) VA MEDICAL CENTER		ROTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)  TRUCK DRIVER				
filled in	35	13a 3	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY   1	IVE RESIDENCE BEFORE 3(, CITY OR TOWN BALTTMORE	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1311 KENHI			21213	
ted within	30	1	ATHER'S NAME FIRST	WIDDLE	JACKSON	1	15 MOTHER'S MAIDEN NA VIOLA	WE		BRAL	OFORD	
be execut	Tedicol 2	1		RMED FORCES? NEW WAR OR DATES) KOREAN	66 SOCIAL SECUI 218 22 8		William Jacks CLINICAL REC	on 708 Edge ORDS, VAMC,	wood FORT		O, MD	
rtificate physicia anpapers	ampapers emovol.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI				ORY ARREST			APPRO BETWEEN	NUMATE INTERVAL	
death ce attending ave carb	oumotic		Conditions, if any, which ( b) SQUAMOUS CELL CANCER LEFT LUNG 3 MONTHS								MONTHS	
that the by the	ose remo		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR A	as a Conseque	NCE OF						
equires n signed Then ple	injury, or	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  MAI NUTRITION									
on. hos bee	ene prio	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORM			N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO X  YES NO				
CIAN: T physici entificate	tem 18 th		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
G PHYS offending er this of the bur	ked or #	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF			211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE	
TOR. Aft	of Heolth 21 is mor		22a.1 certify that (1) (this hasp saw the deceased alive or abave, (1) (we) (did) (did no	FEBRUARY	( ) 10 (		Y 6 , 19 86 d that in (my) (our) apinian			ur and from the	, that (I) (we) last e causes stated	
AL OR A the hosp	T; If Irem		226. SIGNATURE	e C	land	> /	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF CIANX		E SIGNED	
O HOSPIT, etained by TO FUNER, should be d	with the State		22d PHYSICIAN'S NAME (TYPE)  VADHANA CLAUD				VA MEDICAL C			ARD, MD	21052	
BP	<i>s</i> ≤ <i>T</i>	230	BURIAL, CREMATION, REMOVAI (SPECIE) Burial	236. DATE 2/10/8			n Forest Vet	23d LOCATION CITY OR TOWN Owings	Mills	COUNTY	STATE Md	
DHMH - 16 6 (VRA 15		24 F	illiam C. March	n F/H Wes	t 4300°W	abash		BO7 1986	256 REGIS		TURE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Bryan W. Clary, 10 W. Padonia Rd

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Deserve J. Mary Lac. 17180 .nd. 2200 .L Preneed

# - STATE REGISTRAR DECEASED NAME

Female

Maryland

Maryalnd

NO OR UNKNOWN)

4 FATHER'S NAME

10 CITY OR TOWN OF DEATH

Catonsville

William

Canditions, if ony, which gave rise to immediate

couse to, stating the

underlying cause lost

190 DATE OF OPERATION

21d INJURY OCCURRED

77h BIGNATUR

AT WORK NOT WHILE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

saw the deceased alive

22d PHYSICIAN'S NAME LIYPE

Harry Knipp

PART 2 OTHER SIGNIFICANT CONDITIONS

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

TO BIRTHPLACE (STATE OF FOREIGN

TYPE OR PRINT

3. SEX

FIRST

BETRICE

1136 COUNTY

4 RACE

Baltimore

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a

White

THE CITIZEN OF WHAT COUNTRY?

U.S.A.

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

JARBOE

March 15, 1909

13d INSIDE CITY LIMITS?

DIVORCED [

NO X

William L. Jarboe

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ATTENDING

15. MOTHER'S MAIDEN NAME

Ada

MARRIED NEVER MARRIED

YES [

17 INFORMANT

211. LOCATION

22e ADDRESS

5411

5. DATE OF BIRTH

WIDOWED X

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Catonsville

Norton

166 SOCIAL SECURITY NO

219-28-9794A

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

M.

315 Whitfield Road

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM, ETC |

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

M.D.

131 CITY OR TOWN

1	1	~	65.mgB
5	0	1.5	.5
			V
R	EG. NO.		

DAY

IF LINDED | VEAD

INDUSTRY

Own Home

Stoner

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES [

20. DATE OF DEATH MONTH?

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

315 Whitfield Road

Same as # 13

& AGE LIN YEARS LAST BIRTHDAYL

76

Housewife.

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Suite 20

NORT

CITY OR TOWN

Old Frederick Road, Baltimore, MD.

13e STREET ADDRESS / ZIP CODE

MIDDLE

**ADDRESS** 

i mare.

0	3	3	4	8
DAY	YEAR	8 62b. F	OUR	-

126 KIND OF BUSINESS OR

21228

APPROXIMATE INTERVAL

NO I

STATE

IE LINDER 2 1 MRS

	HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death rage 4 may be neepital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computer filled in the theories direction, page to lightly according to the permit Them please remove corbompopers. Page 1 min 22 faculties filled min 72 four rather deal the state flower than the s
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	HOSPITAL OR ATTENDING PHYSICIAN: The lowned by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physical discharge of the other physical by the other physical by the other physical physic

Shou BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

MEDICAL

23a BUF

IAL, CREMATION	REMOVAL	23b	DATE		
Burial	U Tale	2	171	/86	
ERAL DIRECTOR	Ducas	1	0	17.2	4-1-

220.1 certify that (I) (this haspital) attended the deceased from

23c. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

DEGREE

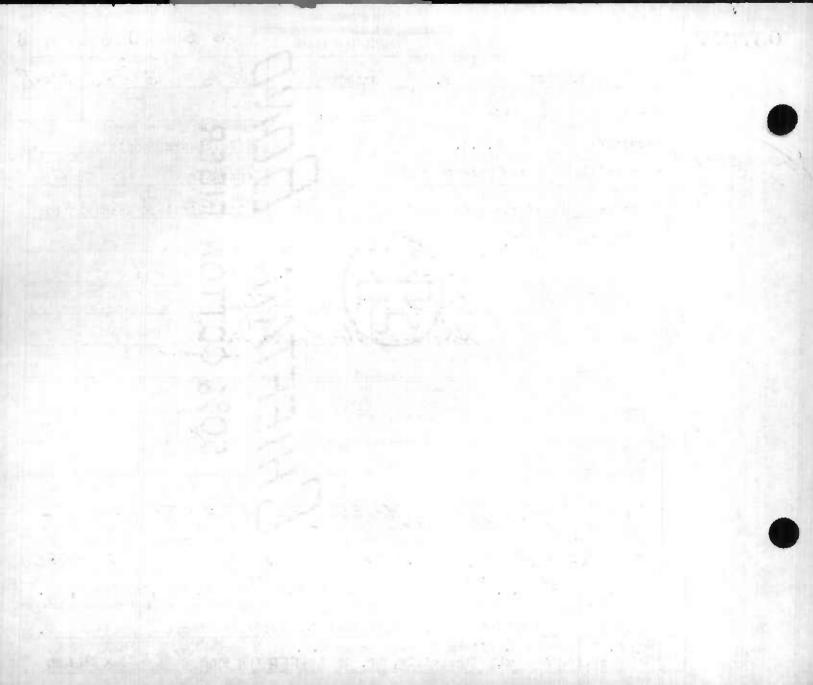
Baltimore

and that in (my) (east) opinion death occurred an the date and have and from the causes stated

STATE MD.

22c DATE SIGNED

24 Leroy M. & Russell C. Witzke Funeral Homes P. A 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228



/	1.		rgaret Whitt	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	0 0 0	3 / 4 9
63655		CEASED NAME FIRST ME CORPRINT) Margaret	argaret Maynor Jennings	LAST	REG. NO.  10 DATE OF DEATH MONTH DA  February 24, 19	
ge 4 moy	3 SE	x Female	White	5. DATE OF BIRTH Jan. 10, 1940	46 YRS	UNDER LYEAR IF UNDER 24 HRS
deoth Po		RITHPLACE (STATE OR FOREIGN North Carolina	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Co	
by the filled with	F	cossville 21237	Franklin Sq.		170 USUAL OCCUPATION  (TYPHO WORK FOR MOTE OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
y filled in Should be engineer	13a	STATE 13b COUN	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY Limore Middle		130 STREET ADDRESS Y ZIACODE	21220
omplete	2		MDDLE LAST  CKLEAR  MED FORCES? 116b SOCIAL SECU	Marian		LAST
be exec	(	YES, NO OR UNKNOWN) (IF YES GN	e war or dates) 242 62	7198 James Jennin		ame
certificon ng book an ice en ic		PART I. DEATH WAS CAUSE	nly one couse per line for (2016), on D 8Y: TE CAUSE (0)	rdiar arre	A-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death d by the attends ease remove cor ol, cremation, or or other troumot		Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ssible acute	Muschild and in.	
een signer it. Then pl ior to burn	ATION	PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM		VIN PART 1 0
The low restriction.  It has been asit permit.  Agiene prior shows ony	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING				NG CAUSES OF DEATH?
HYSICIAN: Iding physic certifico buriol-tror Mentol Hy or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	(ENTER NATURE OF INJUST IN ITEM 18 PAR	TORPARTZ)
or others After this is as the l	ME	WMILE NOT WHILE AT WORK  278.1 certify that (1) (this haspi	(AT HOME STREET, FACTORY, OFFICE, F	STREET STREET	CITY OR TOWN	COUNTY STATE
R ATTEN hospital RECTOR red for us ppt of He			t) view the body olter death		deoth occurred on the date and hour o	
SPITAL O		FOR DY, ROMB		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22686
TO HOSI retoined TO FUN should b with the		M. CA S	STNO, Jr. 1236.1	NAME OF CEMETERY OF CREMATORY HILL Memorial	elaps Ave.	
BP	/	driel	Long Strake		Gardens TOWN Baltimo:	Control of the Contro
(VRA 15, 4)	2	dzgwinski runei	THE THUY	ord Bastern Ave	FB 2.8 1000 date	A

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24

BALTIMORE, MARYLAND 2120

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 / 3 0			
1. DECEASED NAME FIRST	WIDDLE	TAS1	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR			
(TYPE OR PRINT) MARC	GARET C.	JILEK	02	14 '86 2:00 R			
3. SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
FEMALE	CAUCASIAN	APRIL 23, 1959	9 26 <sub>YR</sub>				
TO BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH			
GEORGIA	U.S.A.	WIDOWED DIVORCED	BALTIMORE,	COUNTY MD.			
TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET  GREATER BALT		126. USUAL OCCUPATION (126 DE WORK FOR MOST OF WORKING LIFE) INDUSTRY				
	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		13 STREET ADDRESS ZIP CO	MEADOW CT.			
WILL AM	SAUMEN SAUMEN	IIG SHIRLEY	AME	BRYAN <sup>ST</sup>			
160 WAS DECEASED EVER IN U.S. A	REPRESENTED FORCES? 166 SOCIAL SECULOR SIVE WAR OR DATES! 213-88		ADDRESS  JL JILEK SAME	AS 13E			
				APPROXIMATE INTERVAL			

	PART I. DEATH WAS CAUSED			D 37	ADDDCM	Part of the		WEEN ONSET AND DE
П	IMMEDIATE	CAUSE (0)_	CARDIO/PULMONA	AKY	ARREST		1	MMEDIAT
	Conditions, if ony, which gove rise to immediate couse (a), stating the	(b)_	OR AS A CONSEQUENCE OF  COMPLICATIONS  OR AS A CONSEQUENCE OF	OF	METASTATIC	CERVICAL CARCINOMA		WEEKS
	underlying cause lost.	100010,	OR AS A CONSLODENCE OF					

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE FARM, ETC ) NOT WHILE

19 86 22a I certify that (1) (this hospital) attended the deceased from 2/14 19 86 86 the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

(we) (did) (did not) view the body after death DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN []

72e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) EUGENE EVANS, M.D. GBMC 6701 N. CHARLES

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

BURIAL HILLCREST ANNAPOLIS CO. MARYLAND ARUNDEL 24 FUNERAL DIRECTOR

E. EVANS ANNAPOLIS, MARYLAND

CITY OR TOWN

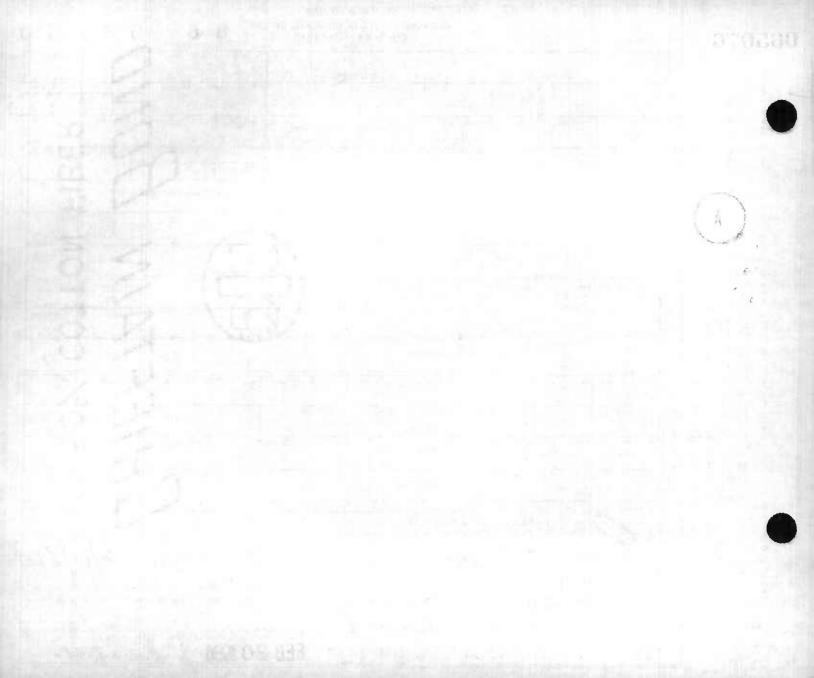
STATE

PRESTON ST DIVISION OF VITAL RECORDS, BP.

8

TO FUNERAL DIRECTOR. should be detoched with the Stote Dept IMPORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4)



AR.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	NO.				
		CEASED NAME OR PRINT)	EDWIN		M .		NNES	2ª DATE OF DEATH	MONTH 2	20	YEAR 86	2b HOUR P 3:00	
	3 SEX	Male	EDWIN	4 RACE White	Ti , III	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	7,000	MONI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
75	70 BIRTHPLACE COUNTRY) Mar			76 CITIZEN OF WHAT COUNTR		8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED		Balt. County			DEATH	
X	)	ry or town o Dund	alk	209 Pa	rkwood Ro	ADDRESS)	PROTHER INSTITUTION	126 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE) ASSEMBLY  Aircr				of BUSINESS OR	
E	Md. Balto.				13c CITY OR TOWN Dundalk	13e STREET ADDRESS 209 Parkw	2122	2					
C	14 FATHER'S NAME FIRST William			MIDDLE A.	Johannes	3	IS. MOTHER'S MAIDEN NA Ina	ME MIDDLE B.		В	elit:	ıī Z	
		AS DECEASED ES NO OR UNKNOW Yes		VE WAR OR DATES	218-18-2		Mrs. Doris	ADDR S Johannes		e as	#13		
		PART I. DEA	TH WAS CAUSI	nly ane cause per ED BY: TE CAUSE (0)	Condi		whom Cul	LOOS 5			BETWEEN	IMATE INTERVAL ONSET AND DEATH	
		Conditions, if gove rise to couse (0), underlying	immediate	(b)	R AS A CONSEQUE	nut.	riting	BLOJI	67				
	ATION	PART 2. OTHER	SIGNIFICANT	CONDITIONS CO	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO							3	
9	RTIFICATI	19a DATE OF OI	PERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF IN CER	YES, WE RTIFYING YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \begin{array}{cccccccccccccccccccccccccccccccccccc		
-	100							-					

HOUR A.M. MONTH DAY 21e PLACE OF INJURY

YEAR (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

COUNTY

STATE

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive an above, (1) (we) (did) (did not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Remova1

230 BURIAL, CREMATION, REMOVAL

22e ADDRESS

DIRECTOR | PHYSICIAN

CITY OR TOWN

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81 (VRA 15, 4)

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MPORTANT

24 FUNERAL DIRECTOR

MEDICAL

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Anatomy Board

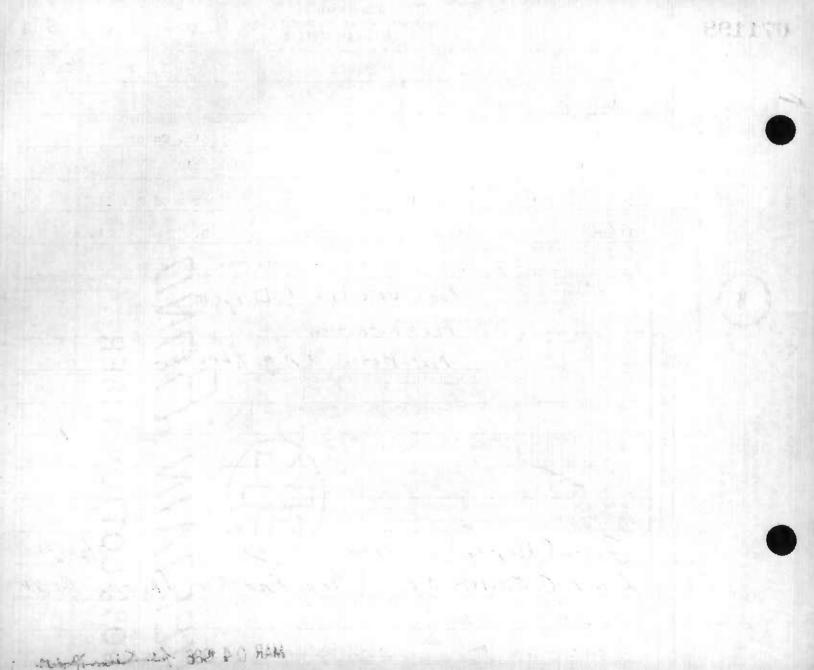
236 DATE

2/19/86

ADDRESS Balto., Md.

23d LOCATION CITY OR TOWN

COUNTY STATE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



SMORIES HARFORD

- STATE

REGISTRAR

74 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

126 KIND OF BUSINESS OR

21234

HEWMINAIE

MANY YEARS

NO F

STATE

YES

COUNTY

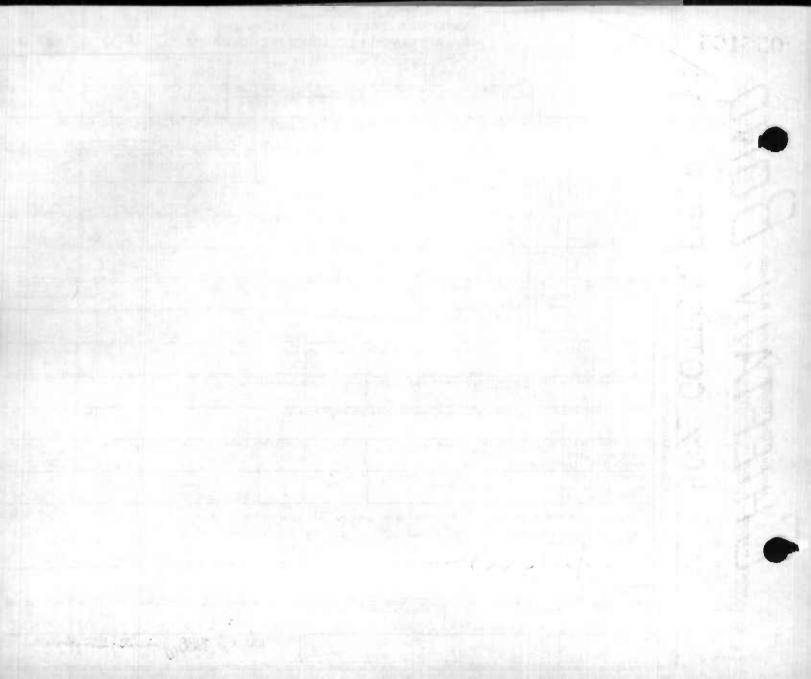
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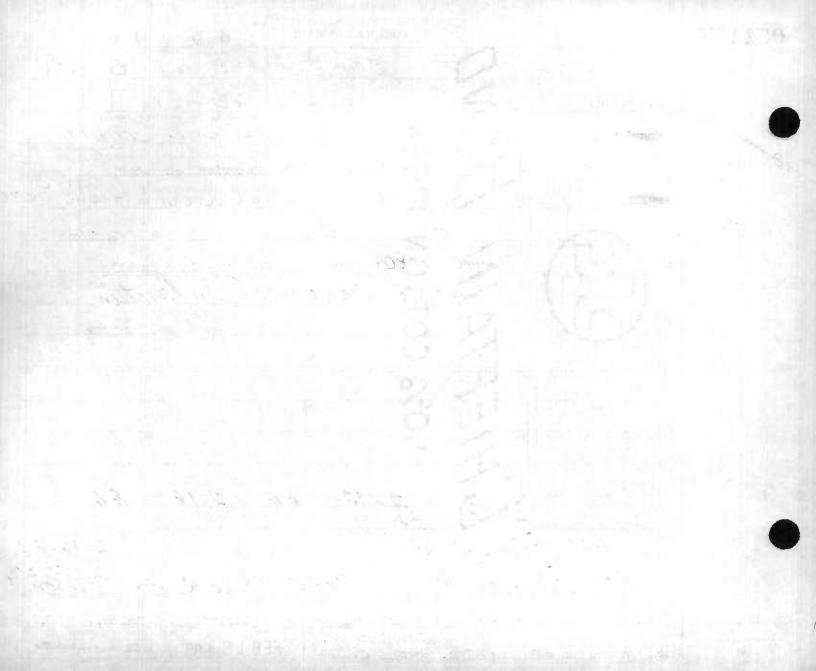
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2a. DATE OF DEATH

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0.00	/		EASED NAME	FIRS	15		MIDDLE			LAST		2s E	DATE KNOV	VN (F) MOI	NTH DAY	YEAR	26 HOU
	Name I	COR	CR PRINT)	RIC	HARD		LERO	7		JONES			OF ESTI			19 86	
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WD	TORNE S	14. FA	THER'S NAME		MIDDI	LE		LAST	14.	15 MOTHE	ER'S MAIDEN	NAME	MIDDLE		- 10	LAST	
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₩ 9	N N O W H	166 V	AS DECEASE		ARMED FO		166 SO	CIAL SECURIT	Y NO.	17 INFORA	MANT		ADI	DRESS			
- F	A HANGE	71.2	lo	(# 125,	ONE WAR OR	0.01237	212	-52-34	65	Rich	ard A.	Jones	. 8440	) Grov	e Ana	el Ro	ā.
	ANT PART OF THE PA		18 CAUSE O	F DEATH (Ente	er only one	couse per line	for (o), (b	), and (c).)	1 1-11						Al	PPROXIMATE WEEN ONSE	EINTERVAL
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0	SPA SPA	z			100												
REC	- CEAMER	CERTIFICATION	19a. DATE OF	OPERATION		196. CONDI	TION FOR	WHICH OPER	ATION W	'AS PERFOR	RMED?				20 /	AUTOPSY3	2
TAL	るとではなる	5	CH ALL													YES 😾	NO 🗆
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	第466年8		22ª 1 certi	y that I taak o	harge of th	e remains de			Autop	sy X	Inspection	L, In	iquiry	ond in m	ny opinion		
	MENCE -		death results	ed from: 1	Voturol cou	ses .	Accident	X Su	vicide 🔲	, Hamio	cide .	Undetermin	ned manner	□.			
40	AND BEE	1	. 671141	٨		1				TITLE (S	PECIFY)						
	¥#5¥4		ACTUAL SIGNATURE.	M	1	WY	_		M	D Assi	stant	MEDICAL	EXAMINER	D/ SH	GNED_2	-17-8	86
	NO SERVICE OF SERVICE	1	EXAMINER'S	NAME -		_ /						-					
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH BALTIMORE M		TYPE OR PRI	An An	n M. i	Dixon,	M.D.			ADDRESS_	111 P€	enn St	., Bal	lto.,	MD 2	1201	
	F05549	23a.B	JRIAL, CREMA	TION, REMOV				NAME OF CE				234 LOCAT	WN		COUNTY	\$1	ATE
07/84	BP		Bu	rial	2/:	21/86	L	oudon	Park		The same of	Balti	more			Mary!	land
25M	DHMH - 17		NERAL DIREC			ADDRESS			2.		250. DATE RE	& D JBA BEC	1986 256	REGISTER	SIGNAT	Mande	W.
	(VR A15 ME (5))	I	NAME Hubbard	Funera	al Hor	ne, In	c., 4	107 Wi	lkeńs	Ave.			0				1300



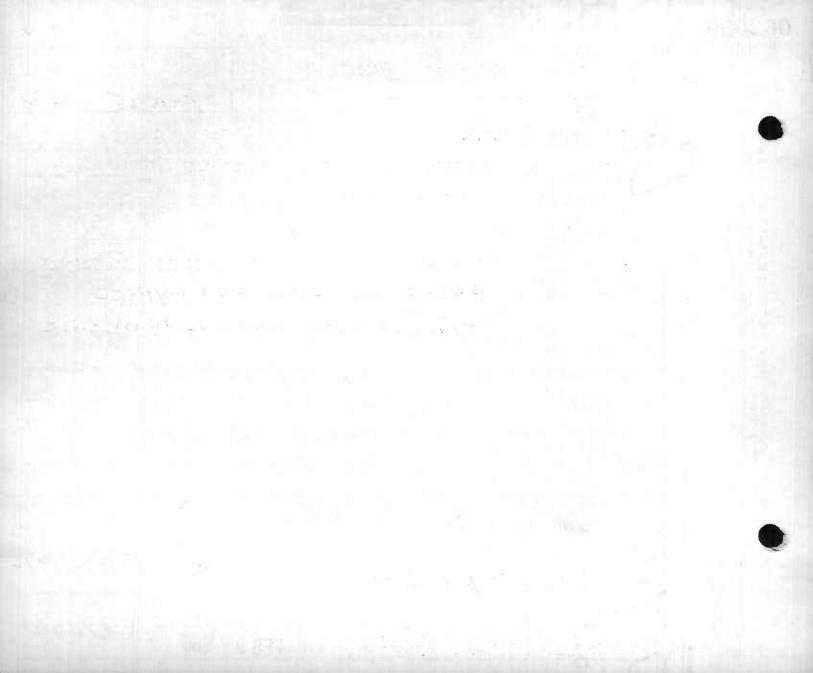


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 051075 DECEASED NAME 20 DATE KNOWN ESTI-EUGENE FRANCIS KAHL, Sr. DEATH MATED IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNC White Male 1929 56 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Maryland Baltimor e County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 120. KIND OF BUSINESS Food Ind. 2709 Anderson Rd. Meat Cutter White Hall BWhite Hall Md. SMAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 21161 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS White Hall NO X 2709 Anderson Rd., White Hall Md. Balto. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ellen Mary Morris Robbins Kahl Tweedy 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS White Hall (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATEST Mrs. Marlene E. Kahl, 2709 Anderson 213-26-8729 No 18 CAUSE OF DEATH (Enter only one couse per the for (o), (b), and (c) PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES E 21a EXTERNAL CAUSE W 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Inspection Accident 7 Suicide Homicide Undetermined monner EXAMINER'S NAME TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE /18/86 Gardens of Faith Baltimore Maryland 250. DATE REC'D BY REGISTRAP 135 PEGENTAR'S SIGN TORE **DHMH** - 17 E. Lowell Lemmon, 10 W. Padonia Rd. (VR A15 ME (5))

20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-Edward KASZAK 3:45P **Alphonsus** 02/25/ 1986 2d. HOUP 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Day Male 07/20/1923 62 YRS White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH DIVORCED | Baltimore Md U.S.A. WIDOWED [7] Baltimore County 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital O CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Franklin Square Hospital Brewery Rossville USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Y Parkville Baltimore 3400 Upton Court FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle Joseph K Kaszak Margaret Stoda 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 21236 (Yes, no, or unknown)
Yes 68-14-2800 Bernadette Stielper 20 Fullerton Heights Ave 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ARTERIOSCLEROTIC BUN HUPER per n DUE TO, OR AS A CONSEQUENCE OF burial-transit remaval, and TEHSIVE CARDWURSCULAR DUSEASE Conditions, if ony, which gove : rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF farwarded stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NOXX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 7 Inquiry and in my apinian death resulted fram: Natural causes Accident ... Suicide Hamicide | Undetermined manner DIRECTOR CHIEF MEDICAL EXAMINER ACTUAL Mental ASSISTANT MEDICAL EXAMINER SEGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** F GUERIN oge 5 may of FUNERAL NAME (Type) ADDRESS (Street, city, town, or county) 230 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial 02/28/1986 Md Veterans Cem Garrison Forest Md Dippel Funeral Homes ADDIENC. 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR DHMH-17 1/71 10M 7110 Belair Road Baltimore, Md. 21206 (VR A15ME (5))



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- 1	LOF	CEASED NAME	FIRST 10	0703	AIDDLE T	,	451 14 1 10 1 1 1 2 4	- I	2- DATE OF DEATH WOW	211 047	VE 4.0   D) 4.45	2110
١		OR PRINT)	FIRST AR	GERO '	E.	V.	AST KATSAMP		20. DATE OF DEATH MON		YEAR & 2b. HC	OR A
J		Hrge					SAMPIS			-	86 /.1	W LE S
1	3 SEX			4 RACE		5. DATE O	F BIRTH		6 AGE (IN YEARS LAST BIRTHDAY		DAYS HOURS	ER 24 HRS
1	F	emale		White		11	30	07	83	YRS.		
1		RTHPLACE (STATE OR	FOREIGN	Th CITIZEN OF	WHAT COUN	TRY? 8	D NEVER MARI	RIED	BALTIMORE CITY OR CO	OUNTY OF DEA	ATH	
Λ		GREZG	e	Gree	ce	WIDOWE			Baltimore	County		MD.
7	17.11	TY OR TOWN OF DEA			HOSPITAL, NU		OR OTHER INSTITUT	TION	120 USUAL OCCUPATION	12h K	KIND OF BUSIN	VESSOR
X	R	landallstov	on	BAITO	Count		ral Hospit	ALC !	Housewife	Ou	un Home	
7	TINUA	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION						
V	M	laryland		imore		nsville	13d. INSIDE CITY L	X X	13e STREET ADDRESS / ZIP 801 Winters	lano	2122	8
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4	16a W	AS DECEASED EVER		AED FORCES?		SECURITY NO.	17 INFORMANT	9	10205 Gr			1110
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		IN CALIFFOR DEAT	H .E-1								ADDDON'S ATT OUT	T. Divas
ł		PART I. DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  IMMEDIATE CAUSE (a)									TWEEN ONSET AN	ND DEATH
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$\exists$	CERTIFICATION	190 DATE OF OPERA	19h CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORME	01	11	IF YES, WERE	EINIDINGS US	ED.	
7	FIC			1,20.0		nen or ellimino	THE TENTONING		IN	CERTIFYING CA	AUSES OF DEA	ATH?
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	MEDICAL	21d INJURY OCCUR		P./ 21e PLACE (		19	211 LOCATION					
ı	MEC	WHILE NOT WH				FICE FARM, ETC )	STREET		CITY OR TOWN	COU	NTY	STATE
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1		22a I certify that () saw the decease		alkattended the	e deceased fr	CH - 1	1	9 00	_ to	19	—, that (I)	(we) lost
1	23	- obpw(.)() [we) (c		view the body	ofter death.			) apinion de	eath occurred on the date a			
1		276 SISHATURE	1-11				DEGREE /	NDING	MEDICAL STAFF	22c.	DATE SIGNED	0
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1		224 PHYSICIAN'S NA	AME (TYPE OR	PRINT)	1 4 4 m	DΔ	22e ADDRESS					
_		10120	100	TOM	MILL	jun	13C6H	Ro	andalls town,	Marylan	ıd	
		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREA		23d LOCATION CITY OR TOWN	COUNTY		57415
	B	urtal		2/28/	86	Forest	Lawn Ceme	etery	Norfolk	COUNTY	Virg	inia
1	24 10	ELECT METOR	Russe	ee c. w	itzke	Funeral	Homes P.	250. DATE	REC'D. BY REGISTRAR 250 R	EGISTRAR'S SI		
	1	630 Edmond	son A	venue, Co	atonsv	ille, MD	. 21228	FEB	26 1988 Full	2 Million	n-findel	6

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is

morked or Item 18 shows ony injury, or other traumotic event, the

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05	7110		REGISTRAR		ME		XAMINE	R'S C	ERTIFICA	TE OF			REG. N	_	- 1	2 0	
			CEASED NAME E OR PRINT)			MIDDLE		į.	AST		2	a DATE	KNOWN Z			YEAR 26 HO	U
	ASE JRSS			Micha		Warr			aufman			DEATH	MATED	2/	22/19		-
5	DIRECTOR.  OUR FILES.  72 HOURS  ON STREET,	3 SEX	ale	White	5. DATE OF BIRTH	1959	6 AGE (IN YEAR LAST BIRTHDAY 26 YRS	) MONTHS	DER 1 YR. IF U	URS M	HRS. 2	RONOUN DEAD	ICED	MONTH 2/	22/19	86 1:0 A	0
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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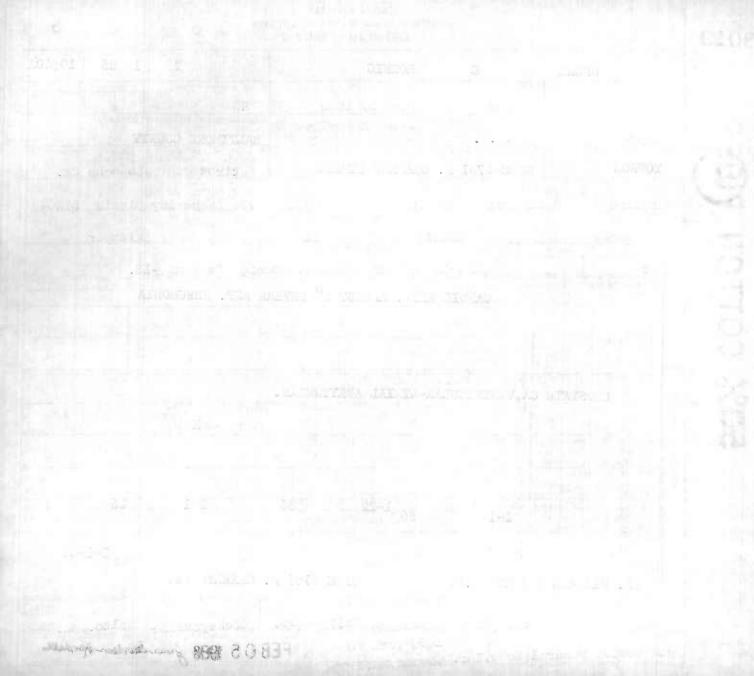
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76 BIRTHPLACE	TATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OR COL	JNTY OF DEAT	тн	
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Eastpo			Point Nurs		Home	ins	taller	C8	P tel	ephon
Maryla	113b CO	OR OTHER INSTITUTION UNITY Itimore	GIVE RESIDENCE BEFORE 134 CITY OR TOW  Eastpoi	N.	13d. INSIDE CITY LIMITS?		ADDRESS / ZIP C		21009	
A FATHER'S NA	WE	MIDDLE	1.4.ST	100	15. MOTHER'S MAIDEN NA		MIDDLE		LAST	TEEN!
Willia	m	C.	Kizchner		Teresa		B.	Kant		
MAS DECEA	SED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		500	
yes		II	219-16-	7922	Linda E. Lo	udermi	lk same	as 13 e	9	
PART 2 O	THER SIGNIFICAN	DUE TO, COLOR TO CONDITIONS CONDI	IA Ele	DEATH BUT	NOT RELATED TO THE TERM  MAY MANUAL  NOT RELATED TO THE TERM  NOT RELAT	206 AUTO	Corona 20b INC	YES WERE IN	INDING 6	SED EATH?
OD COLUMN	NT WAS UNDERLYING UTING CAUSE OF	DEATH HOUR A	.M. MONTH DA		21¢ HOW INJURY OCCUR	CKED (ENTERNA	TORE OF INJURY IN THE	M 18 PART I OR PA	RT 2)	
THE INJUR	Y OCCURRED    OCCURRED	21e PLACE	OF INJURY  REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUN	ĬΪΥ	STATE
Sow to above	y that (1) (this ho he deceased alive , (1) (we) (did) (did	on fell not view the body	y ofter death.	Feb.	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 21 Cranbroo	MEDICAL	STAFF PHYSICIAN	220	m the couses	ED /86
230 BURIAL, CRE (SPECIFY) Buria	mation, remov				CEMETERY OR CREMATORY  U Valleu	23d LOCA CITY Ball	ATION ORTOWN	COUNTY Maryla	ınd	STATE
24 FUNERAL DIR		Tno 52	05 Hamfor	A DA		TE REC'D BY R	EGISTRAR 756 BE			1475

.L Chinal

Tebruary 2, 1200

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Electronical, Coolegayalle, No. 2000



	STATE OF MARYLA
050137 1 - FOR	DEPARTMENT OF HEALTH AND A
USIJAO7 1 - STATE	CEPTIFICATE OF D

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 / 6 5

1		REGISTRAR				CENTIL	ICAIL OI	PEATIT		REG. NO.				
ı		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF	DEATH MO	ONTH	DAY	YEAR	26 HOUR
		A	lice	1	Ε.		Krug			2	1	2	86	2:00 A
	3. SEX	(		4 RACE		5. DATE C		YEAR	6. AGE INY	EARS LAST BIRTHO	DAY)	MONTHS	DAYS	IF UNDER 24 HRS
	1	Female		Whi	te	1		1898	87		YRS			
1	ra. BIR	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER	MARRIED K	9. BALTIMO	RE CITY OR	COUNT	Y OF DE	ATH	
7		Maryland	-1010	U.S.		WIDOWE	D	ONORCED [		imore,		inty		MD.
ŕ	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER IN	STITUTION		OCCUPATION		12h	KIND O	F BUSINESS OR
	1	Towson	1		Manor Inc		rsing	Home	Retir				-	• G&E
7	III S	AL RESIDENCE (IF NURS TATE Maryland	I COUN		13c CITY OR TOW Baltimo	/N	YES 🏖	CITY LIMITS?	524	No. Ch			t.	21202
Ú	III. FA	THER'S NAME	,	AIDDLE	LAST		15 MOTHE	R'S MAIDEN NA	WE	MIDDLE			LAS	Ť
Ç	1	Henry			Krug			lugenia		30/5/4		]	Herz	inger
7	II a W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORA			ADDRESS			210	93
1		No			212-05-2	2968 A	Mr.	Henry	J. Kru	g 211	3 Fo	_		dge Rd.
ļ		18 CAUSE OF DEATH	H Enter on	y one couse per	fine for ioi, (b), or	nd IC	MEIN!				4		APPROXI	MATE INTERVAL
				E CAUSE (o)	De	1.40	Ira	tio.	Se	mil.	My.	-	3	763
				DUE TO, O	R AS A CONSEOU	ENCE OF			A		- 1			
		Conditions, if ony, gove rise to imm		(d)	Mia.	sin	a or	san	hea	, uo	1-4	64	_	
	200	couse (a), statin	g the	DUE TO, OI	R AS A CONSEOU									
				(c)	aller		Resol	r's ce	Aliev	ma	le	1 pl	3.	
	z	PART 2 OTHER SIGN	NIFICANTO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATI	D TO THE TERM	AINAL DISEASI	E OR CONDI	TION GI	VEN IN	PART 1/c	
	CERTIFICATION	19a DATE OF OPERAT	ION	19h COND	ITION FOR WHICH	OPERATION	N WAS PER	OPMED	28a AUTO	PSY2 T	70h JE YE	S WED	E EINDIN	IGS USED
	EF.	The British of Grant						OKINED	YES T		IN CERTI			OF DEATH?
	E E	210. ACCIDENT WAS UND	ERLYING -	216 TIME O	F INJURY		21c HOW	INJURY OCCUR					PART 2)	NO []
i		OR CONTRIBUTING				AY YEAR								
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCAT							
	¥	WHILE NOT WH	ILE 🗆	(AT HOME, STR	REET, FACTORY, OFFICE, I	FARM ETC )	STRE	ξĭ		CITY OR TOWN	1	CC	YTAUC	STATE
		220 1 certify that (1)	-	ol) ottended the	e deceptised from_	10	1/30	19_89	£ 10	2/1	2	19_	00	that (I) (we) last
		sow the decease			7/ 19 C	( on	d that in (m	y) (our) opinion	death occurre	d on the dote	ond ho	ur and f	rom the	couses stated
4		77h SIGNATURE	1010 1101	A A	oney degra.	(	DEGREE					27	C DATE	SIGNED
	-	410	Ry	, ll		天	7	ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIA	N	2	2-12	-86
-		224 PHYSIC AND NA	AME (TYPE OF	PRINT)			22e ADDR	SS						510/00
		Dr. Hans	J. Ko	petter				7600 Os	ler Dr	. 212	04			
		URIAL, CREMATION,	REMOVAL	23b. DATE	23€	NAME OF C	EMETERY OF	CREMATORY	23d LOCA			COUN	17.4	STATE
		Burial	-	2/14/86	5 B	altim		metery	Ва	alto.			9-7	Md.
	24 FU	NERAL DIRECTOR	TAK		ADDRESS		21204	250 DA1	TE REC D. BY R	EGISTRAR 25	h REGIS	TRAR'S	SIGNAT	URE
	Ru	ick Towson	Funer	cal Home		1050	York R	d. F	EB14	1986	Julia	Davis	lour-	gandett.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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R	EG. NO.					

	1 -	STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	3 / 6 6
- 14		CEASED NAME	FIRST	36. 9	MIDDLE	L	AST		MONTH DAY	YEAR 26 HOUR
7018		Mr.	Leo	M. Kwa	aitkowsk	i		February	22 1986	M
0 0	3 SEX	(		4 RACE		5. DATE O		6. AGE LIN YEARS LAST BIRTH		
9.49	Mai	le	15 17	Caucasia	an	MONTH	mber 14 1912	73	YRS	DATS HOURS MIN.
63 /0	7a, BII	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8.	11	9 BALTIMORE CITY OF		ATH
The same	100	OUNTRY) W York		USA		WIDOWE	NEVER MARRIED	Deltalmana Con		
I Charles		TY OR TOWN OF DE	ÄTH		HOSPITAL, NURSIN		R OTHER INSTITUTION	Baltimore Con		MD. KIND OF BUSINESS OR
1 /1/	D-		15.77		CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST OF		DUSTRY
4		ndallstown	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONI		Ret-Fire Chief	E LH	onolulu F D
36		TATE	136 COUN		13t. CITY OR TOW			13e.STREET ADDRESS /		
1		THER'S NAME	Baltim	ore	Randallst	town	YES NO	3308 Chapman	Rd.	21133
121	7	FIRST	٨	MIDDLE	LAST		15 MOTHER'S MAIDEN NA.	WIDDIE		LAST
1220	-	hn Kwiatkows					Mary Conkle			
19		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 Mrs. Marcie K	waitkowski ADDRES	SS	21133
1/	Ye	S			576-14-07	793A	3308 Chapman		ndallstown	
0 o ≠		18 CAUSE OF DEAT PART I. DEATH V	H (Enter anl	y one cause pe	Line for (a), (b), and	dic	110 1	1	. 8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
en please berial, cr	z	cause (a), stati underlying couse PART 2. OTHER SIG	lost.	(c)_	ONTRIBUTING TO D		NOT DELL'ATTO TO THE VEG.	UNAL DISEASE OF COMP	DITION GIVEN IN I	
1 1	CATION						NOT RELATED TO THE TERM	MINAL DISEASE OR COND		PART Ira
119	LIFICA	190. DATE OF OPERA	TION	19b. COND	PITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE	E FINDINGS USED CAUSES OF DEATH?
The lighters p	AL CERTIF	190. DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED	DERLYING CAUSE OF DEAT	21b. TIME C				200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING ( YES []	E FINDINGS USED CAUSES OF DEATH?
and Mental House perm and Mental Hygers p	MEDICAL CERTIFICA	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d, INJURY OCCUR	DERLYING CAUSE OF DEAL (CAUSE XAMINER)	21b. TIME C HOUR A P	DF INJURY .M. MONTH DA	AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING ( YES Y IN ITEM 18 PART I OR	E FINDINGS USED CAUSES OF DEATH?
COR. After the certificate flux by see as the burned-shoring perm of Health and Mental Hygering particles of a microed of flux   Bahlows or	AL CERTIF	21d. ACCIDENT WAS UN OR CONTRIBUTING [ ] (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORK AT WO 220.1 certify that (1	DERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CORK (this hospit	21b. TIME C HOUR A P 21e. PLACE (A1 HOME, ST	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC )	N WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJURY)  CITY OR TOW	20b. IF YES, WERE IN CERTIFYING ( YES  YES  YES  YES  YES  YES  YES  YES	E FINDINGS USED CAUSES OF DEATH? NO PART?)  That that (I) (we) lost
A DRECTOR. After the certificate has betterfield for use as the facility and charact hypams promise Dept. of Health and Mental Hypams promise I have at a modeled or has 18 shows as	AL CERTIF	21d. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTHY MED 21d. INJURY OCCUR WHILE NOT W AT WORK AT WO	DERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE CORK (this hospit	21b. TIME C HOUR A P 21e. PLACE (A1 HOME, ST	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC )	21c. HOW INJURY OCCUR!  211. LOCATION STREET  3/1 19 d that in (my) (aur) apinian apin	200 AUTOPSY?  YES NO CITY OR TOW  CITY OR TOW  death accurred on the dat  MEDICAL STAFF	20b. IF YES, WERE IN CERTIFYING ( YES  YES  YES  YES  YES  YES  YES  YES	E FINDINGS USED CAUSES OF DEATH? NO PART?)  That that (I) (we) lost
	MEDICAL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WOR AT WOR 270.1 certify that (I sow the decease obove, (I) (we) (	DERLYING CAUSE OF DEAL EXAMINER) RED MILE CORR Of this hospit	21b. TIME C HOUR A P 21e. PLACE (AT HOME. ST	DE INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC )	21c. HOW INJURY OCCUR!  211. LOCATION STREET  3/1 19 d that in (my) (aur) apinian apin	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  death accurred on the data	20b. IF YES, WERE IN CERTIFYING ( YES  YES  YES  YES  YES  YES  YES  YES	E FINDINGS USED CAUSES OF DEATH? NO PART?)  PART?)  STATE  that (I) (we) lost om the causes stoted
	MEDICAL CERTIF	27a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED 21d. IN JURY OCCUR  WHILE AT WORK AT WORK 1 TOOR SOW the decease obove, (I) (we) [ 22d. PHYSICIAN'S N  AURE  URIAL, CREMATION.	CAUSE OF DEAL (CAL EXAMINER) RED HILE     (this hospit ed alive on digit (digit of	21b. TIME C HOUR A P 21e. PLACE (AT HOME, ST	DE INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F	AY YEAR 19 ARM, ETC )	211. HOW INJURY OCCUR!  211. LOCATION STREE!  214. 19 d that in (my) (aur) apinian in DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TOW CITY OR TOW  DIRECTOR PHYSICI  23d LOCATION	20b. IF YES, WERE IN CERTIFYING ( YES  YES  YEN TIEM 18 PART I OR  YE ond hour and letter on the condition of the condition o	PART ?)  PART ?)  UNITY  STATE  STATE  C. DATE SIGNED
	MEDICAL CERTIF	21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d. INJURY OCCUR WHILE NOT WAT WORE 270.1 certify that (I Sow the decase obove. (I) (we) (I 27b. SIGNATURE 27d PHYSICIAN'S N	CAUSE OF DEAL  CALEXAMINER)  RED  HILE (This hospit)  ed alive on dial (did not)  AME (TYPE OF)  REMOVAL	21b. TIME CHOUR A P 21c. PLACE (AT HOME, ST all) ottended the body 22b. DATE 2-27-86	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F The deceased from	AY YEAR 19  ARM. ETC )  ARM. ETC )	211. HOW INJURY OCCURION 211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS  EMETERY OR CREMATORY W Memorial Park	200 AUTOPSY?  YES NO CITY OR TOWN  CITY OR TOWN  TO BLUE  MEDICAL STAFF  DIRECTOR PHYSICI  STAFF	20b. IF YES, WERE IN CERTIFYING ( YES  YES  YES  YES  YES  YES  YES  YES	PART 2)  PART 2)  UNITY  STATE  CONTROL OF THE PROPERTY OF THE

DHMH - 16 60M 7/84 (VRA 15, 4)

8728 Liberty Road Randallstown, Maryland 21133

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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41192	1-	FOR STATE REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.		,	
		EASED NAME	FIRST	-	MIDDLE	U	AST	20. DATE OF DE	ATH MONTH	DAY	YEAR	2b. HOUR
deoth deoth	(1146	OR PRINT)	Joh	n	H.		Lachnit, Sr		2	2	86	M
000	3 SEX	(		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF U	NDER TYEAR	IF UNDER 24 HRS
s of		Male	100	Whit	e	MONTH 7	4 1909	76	Y	'RS	INS DATS	HOURS MIN.
hour hour		RTHPLACE (STATE OR	FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE	CITY OR COL		DEATH	
54		ichita, Kar	nsas	US	A	WIDOWE			timore	Cour	ntv	MD
1	10 CI	TY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	120 USUAL OC	CUPATION	1		OF BUSINESS OR
120		ssex			Tred Avor			Engin	eer		Beth	. Steel
alled in	130 S	AL RESIDENCE (IF NUR. TATE aryland	136 COUN		13c. CITY OR TOW		134 INSIDE CITY LIMITS?		oress / zip o		i. Ra	21221 lto.Md.
2 sho		THER'S NAME					15 MOTHER'S MAIDEN N	IAME		044 110		
130	1	Gustav	'	MIDDLE	Lachnit	t	Joanna	~	AIDDLE		Pe	ach
100	160 V	AS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT		ADDRESTI	eet,	Md.	21154
0 0	(1	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR OATES)	216-05-	-1971	John H. La	achnit. J	r. 1012	2 016	Rock	- 1
Pag H												
carbon popers. Pag or remayal.		18 CAUSE OF DEAT PART I. DEATH V	WAS CAUSE	D BY. E CAUSE (0)	<del></del>	F	ALLURE				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ease remove carban papers. Pagi, cremation, ar remayal.		Conditions, if ony gove rise to imcouse (o), statiunderlying couse	MAS CAUSEI IMMEDIAT  which imediate ing the	D BY.  TE CAUSE (o)  DUE TO, O	RENAL	ENCE OF		1			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Then please remove carbon popers. Pay to burial, cremation, ar remayal. injury, or ather troumotic event, the me	NOI	Conditions, if ony gove rise to im- cause (o), statiunderlying couse	WAS CAUSEI IMMEDIAT  I, which imediate ing the e lost	D BY.  E CAUSE (o)  DUE TO, O    b)  DUE TO, O  (c)	R AS A CONSEQUE	ENCE OF	ALLURE				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
remove carbon popers. remation, ar remaval. her troumotic event, the	TIFICATION	Conditions, if ony gove rise to im- cause (o), statiunderlying couse	IMMEDIAT  /, which mediate ng the e lost	DBY.  E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  CONDITIONS CO	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D	ENCE OF	CARCINOM	RMINAL DISEASE C	DR CONDITION	N GIVEN	APPROX BETWEEN IN PART 1: ERE FINDII G CAUSES	NGS USED
to the Hygiene permit in the hydronic commerce of the Hygiene permit in the hydronic production, or removal.  In 18 shows ony injury, or other troumotic event, the meetings of the hydronic control o	AL CERTIFICATION	PART I. DEATH V  Conditions, if ony gove rise to imcouse (o), storiunderlying couse  PART 2 OTHER SIG  190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING	IMMEDIAT  /, which imediate ing the elost  NIFICANT CONTROL  ATION  DERLYING CAUSE OF DEA	DBY.  E CAUSE (0)  DUE TO, O  (c)  196 CONDITIONS CO  196 COND  196 COND  196 COND  196 COND  197 COND  198 COND  198 COND	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO DESTRUCTION FOR WHICH  OF INJURY  M. MONTH DA	ENCE OF  ENCE OF  DEATH BUT  OPERATION	AILURE  CARCINO M	RMINAL DISEASE C	OR CONDITION  Y? 20b. 1 IN C	N GIVEN IF YES, WERTIFYIN YES [	APPROX BETWEEN	NGS USED S OF DEATH?
interiors been system or yn enterioring prystron instruction of properties of person in the prior to buriol, cremation, or remaval. shows ony injury, or other troumotic event, the	MEDICAL CERTIFICATION	Conditions, if ony gove rise to imcouse (o), stotiunderlying couse  PART 2 OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d. INJUST OCCUR.	IMMEDIAT  IMMEDI	D BY.  E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  196 COND  196 COND  111H  COND  111H  P.  111e PLACE	R AS A CONSEQUE  R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO DESTRUCTION FOR WHICH	ENCE OF  ENCE OF  DEATH BUT  OPERATION  AY YEAR  19	ALUNE MOT RELATED TO THE TEL	RMINAL DISEASE C 200 AUTOPS YES □ N URRED (ENTER NATUR	OR CONDITION  Y? 20b. 1 IN C	N GIVEN IF YES, WERTIFYIN YES [	APPROX BETWEEN	NGS USED S OF DEATH?
is has been signed by the attending physicion nest permit. Then please remove carbomopers, griene prior to burios, cremation, or removal. shows ony injury, or other troumotic event, the		PART I. DEATH V  Conditions, if ony gove rise to im cause (o), static underlying couse  PART 2 OTHER SIG  PART 2 OTHER SIG  190 DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED  21d. INJURY OCCUR  WHILE  NOT WAT WORK NOTIFY MED  22a. Leertify that (1)  sow the decease	IMMEDIAT  IMMEDI	DBY. E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  19b COND  19b COND  21b TIME O  HOUR A.  21e PLACE (AT HOME, STI	TIME FOR (a), (b), one RENAL  RAS A CONSEQUE  RAS A CONSEQUE  ONTRIBUTING TO 1  ITION FOR WHICH  OF INJURY  M.  OF INJURY  REEL FACTORY, OFFICE, F	OPERATION  AY YEAR  19  ARM, ETC.)	NOT RELATED TO THE TEL  WAS PERFORMED  216 HOW INJURY OCCU	700 AUTOPS YES □ N  URRED (ENTER NATUR	OR CONDITION  Y? 20b. I  IN C  IO I  E OF INJURY IN ITE	N GIVEN  IF YES, W ERTIFYIN  YES [ M 18 PART I	APPROX BETWEEN  IN PART 1:  ERE FINDING CAUSES  OR PART 2:	NGS USED SOF DEATH? NO STATE
is to been signed by the attending physicion is to permit. Then please remove carbon popers, giene prior to burial, cremation, or removal. shows ony injury, or other troumotic event, the		Conditions, if ony gove rise to imcouse (o), storiunderlying couse  PART 2 OTHER SIG  19a DATE OF OPERA  21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED  21d INJURY OCCUR  WHILE AT WORK NOTIFY MED  22a. I certify that (I	IMMEDIAT  IMMEDI	DBY. E CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)  19b COND  19b COND  21b TIME O  HOUR A.  21e PLACE (AT HOME, STI	TIME FOR (a), (b), one RENAL  RAS A CONSEQUE  RAS A CONSEQUE  ONTRIBUTING TO 1  ITION FOR WHICH  OF INJURY  M.  OF INJURY  REEL FACTORY, OFFICE, F	ENCE OF ENCE OF  DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO THE TEL  N WAS PERFORMED  21c HOW INJURY OCCU  21f LOCATION  STREET  19  d that in (my) (our) aprinted  DEGREE	700 AUTOPS YES □ N  URRED (ENTER NATUR	IR CONDITION  Y? 20b. 1  IN C  IN C  IN C  ITY OR TOWN  IN the date once	N GIVEN  IF YES, W ERTIFYIN  YES [ M 18 PART I	APPROX BETWEEN  IN PART 1:  ERE FINDING CAUSES  OR PART 2:	NGS USED SOF DEATH? NO STATE  that (I) (we) last couses stated
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DHMH - 16 50M 4/83 (VRA 15, 4)

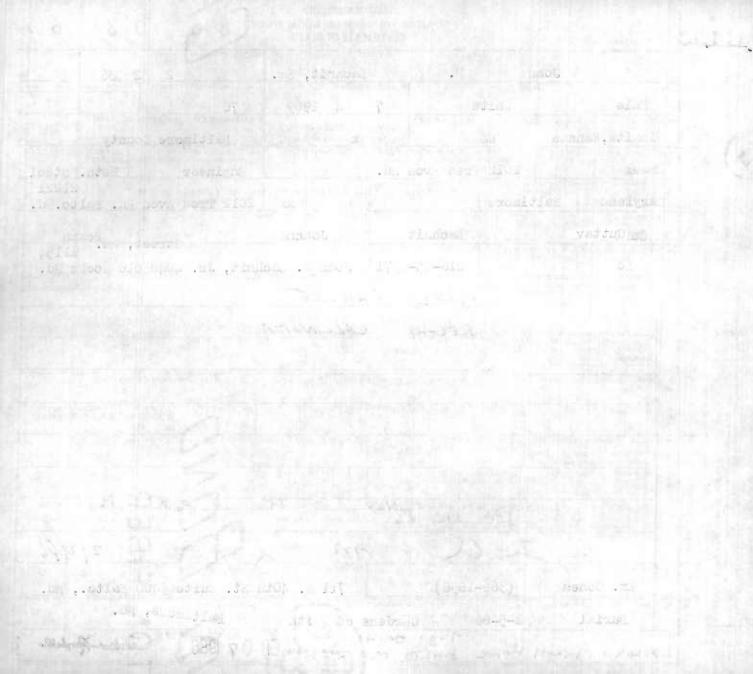
1-5-86

Gärdens of Faith

Baltimore, Mdww

STATE

750 DATE REC'D. BY REGISTRAR 750 REGISTAR'S SIGNATURE FEB 07 1986 7401 BeIAIR Rd, BALTO MO 21236 24 FUNERAL DIRECTOR Lassahn Funeral Home



3331 Brehms Lane, Balto. Md. 21213

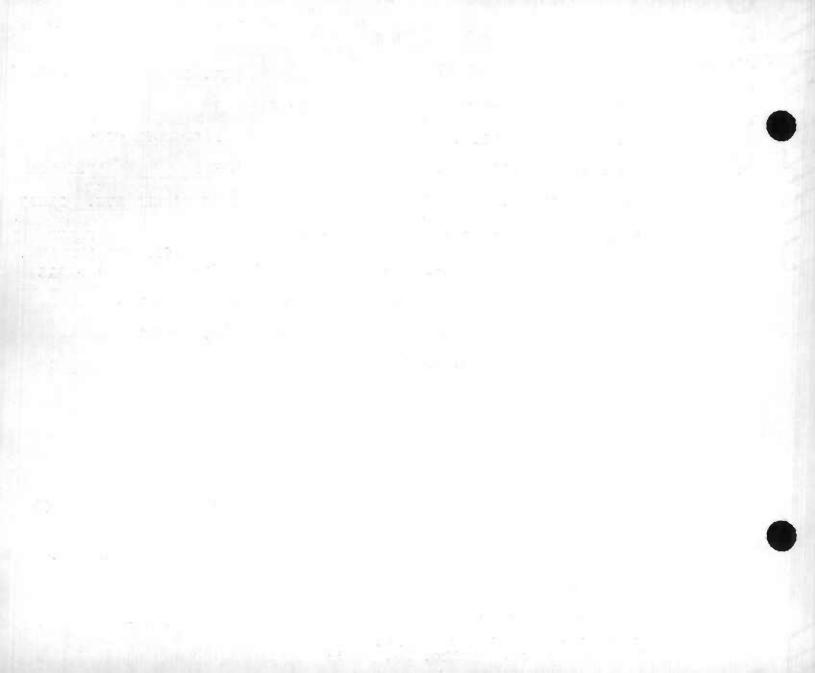
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



	1,	FOR STATE			F MARYLAND LTH AND MENTAL	HYGIENE	7 7 7 6 9
049053	1. DE	REGISTRAR CEASED NAME FIRST		WIDDLE	LAST	Sr. 20 DATE KNOWN DE ESTI-	MONTH DAY YEAR 26. HOUL
PEASE STREET	3 SE	RUSSEL A A RACE	5 DATE OF BIRTH	4 AGE (IN YEARS II	UNDER T YR. IF UNDE	DEATH MATED   R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOU
SEE TO SE	70 B	IRTHPLACE INTAILOR DREIGN COUNTRY) Maryland		VHAT COUNTRY? 8 M.	ARRIED NEVER MAR	9 BALTIMORE CITY OF	
	90 €	ESSEX	7211 GC	SPITAL, NURSING HOME, OR FACILITY, GIVE STREET ADDRESS)  Olden Ring Road		120 USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Retired State	of work 126 KIND OF BUSINESS OR INDUSTRY  of Md. Inspecto
E STATE	130 5	AL RESIDENCE (IF IN NURSING HOME STATE Md. 136 COU Ba.	OR OTHER INSTITUTION O	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN ESSEX	13d INSIDE (ITY LIMITS?	7211 Golden Ri	ng Road 21221
RE, MD	V	Andrew	WIDDIE	Laumann		nknown	LAST
JRS AFTER DE S. GIVE PAGE WITH FORM DIVISION OF	16a (	WAS DECEASED EVER IN U.S. A (ES NO. OR UNKNOWN) (IF YES, GIV Yes	RMED FORCES?	216-14-3597	Russell L	aumann 7211 Gold	len Ring Rd. 2122
AL RECORDS, 201 W. PRESTON ST VULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 EF MEDICAL EXAMINER ALONG SED AS A BURIAL "RANSIT PERMI FHEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	z	Conditions, if ony, whice gove rise to immedial couse (a) stating the <u>underlying couse lost.</u>	ATE CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUENCE OF		ARTIO	
	CERTIFICATION	190. DATE OF OPERATION	196 COND	DITION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?  YES □ NO [2]
DIVISION OF VITA S. CERTIFICATE SHC RITING THE WORL REDED TO THE CH SE 3 SHOULD BE U TE DEPARTMENT OF BURNENT OF SUR	MEDICAL CER	216. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF	FDEATH P.	M. MONTH DAY YEAR M. 19		ED LENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2}
THIS WAR PAGE 12	MED	214 INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)	LOCATION	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BATHMORE, MARYLAND,		278. Learning Mari I too) cho death resulted from No.	The comment	Accident	Homicide	Undetermined monner .	DATE 2/9/86
D MEDIC XECUTE T AGE 4 SI O FUNER FTER DEA		EXAMINER'S NAME (TYPE OR PRINT)	ULFO	GUERIN	_ADDRESS_B	ALTIMURE A	NAVE 21237
BP		Cremation  Cremation	2/ 10/86	Security I	rocess	23d LOCATION CITY OF TOWN Baltimore  REC'D. BY REGISTRAR 1256 REGIS	Maryland STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/B2		nnelly Funeral	Home 300		And the second	CILLAR	na wendon-Mandale

ETHORNSON 10 4 5 - 10 - 1 - 10 CT 03 L

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	0	3	7	7	(
	REG. NO.					

1 DE	CEASED NAME	FIRST	A	AIDDLE	i.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
+	P. P	laynard	G. L	EASURE			February 2	5, 19	986	10:32bm
1.58	x	4.	RACE	100	S. DATE C	OF BIRTH	6 AGE LIN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
146	le		White		MONTH 6	3 1918	67	Mac	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE ORFO	OREIGN 7h		WHAT COUN	TRY? 8		9 BALTIMORE CITY O	R COUNT		
)	COUNTRY)	3-11			MARRIEI	D X NEVER MARRIED	Baltimore	_		
	St Virginia		U.S.A		WIDOWE IRSING HOME C	DROTHER INSTITUTION	120 USUAL OCCUPATI		4	MD.  OF BUSINESS OR
Y	OK TO WIT OF DEA		(IF NOT IN SUC	H FACILITY, GIVE S	STREET ADDRESS)		TYPE OF WORK FOR MOST C		LIFE) INDUSTRY	
	SSVILLE	10.10.11.01.01			are Hos	pital	Welder		Beth.	Steel
Illa		136 COUNTY		13c. CITY OR		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP_CO	DE .	To de
Ma	ryland	Balti	more			YES NO	606 Old No	rth	Point Ro	oad 2122
14 F.	ATHER'S NAME	MID	DIF	LAST		IS MOTHER'S MAIDEN NA	MIDDLE		LAS	
V	No			(-101			Not Known		CAS	51
	WAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		
Ye		(IF YES GIVE W		213-18	8-0390	Clara S. Le	easure	S	ame as ]	L3e
-		1936-1								MATE INTERVAL ONSET AND DEATH
0	18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSED 6	one couse per	line for (a), (b	n, and ict.				BETWEEN	ONSET AND DEATH
		IMMEDIATE (	AUSE (o)	ardiac	Arrest					
				,	EQUENCE OF					
	Constitues 16	1 . 1								
	Conditions, if any, gove rise to imm		(b)_S	evere	End-Stag	ge Congestive	Heart Fail	ure-		
	cause (a), stoting		1		EOUENCE OF	3				
	underlying cause		1000 10,01	AS A COIASI	LOOLINCE OF					
			(c)							
2	PART 2 OTHER SIGN	IFICANT CO	NDITIONS <u>CC</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION G	GIVEN IN PART 1	Ø
CERTIFICATION										
18	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDI	
E							YES NOT		TIFYING CAUSES YES	NO T
ER	21g. ACCIDENT WAS UND	ERLYING -	21b. TIME O	FINJURY		21c. HOW INJURY OCCUR				
_	OR CONTRIBUTING C			M. MONTH						
ICAL	(IF EITHER NOTIFY MEDIC		P./		19	211 100 171011				
MEDI	21d. INJURY OCCURR		21e PLACE (	DE INJURY EET, FACTORY OF	FICE, FARM ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHI	LE L								
	220.1 certify that X	(this hospital)	ottended the	e deceased fr	om Febru	ary 13 19 86	. to Februar	y 25	. 19_86	that X (we) lost
	saw the decease	d alive an	Fehruar	cv 25	19.86ar	nd that inXvX) (our) apinian	death accurred an the de	ate and he	our and fram the	couses stoted
	above, <b>W</b> (we) (d	d) (XiXXXXI v	iew the bady	ofter death		DEGREE			22c DATE	SIGNED
	KUL	84.14.	u	10		ATTENDING	MEDICAL STAI	FF .	120. DATE	3101160
	1)001)	Home	w.v.	7.00			DIRECTOR PHYSIC	IAN KI	12-25	-86
	22d. PHYSICIAN'S NA	ME (TYPE OR PR	INT)			27e ADDRESS				
	K.C.	Kitcher	n, M.D.			9000 FRankli	n Square Dr	. 2	1237	
23a	BURIAL, CREMATION,				230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	-	Constitution of the second	7.00
	(SPECIFY)		2/20/1				CITY OR TOWN		CONNIT	Marylan
	urial UNERAL DIRECTOR D		2/28/1		Uak La	awn Cemetery	Baltimore TE REC'D. BY REGISTRAR		CHEADY COST	ratyran
24 1	NAME DIRECTOR D	uda-Ru	ck, In	C . ADDR	ESS	730 DA	1) 00	TAIL REGIO	Davidson	i i
79	922 Wise Av	enue	Du	ndalk.	Marylar	nd 21222 Ft	B 2 8 1985		4	

DHMH - 16 60M 7/84 (VRA 15, 4)

OFFA DE	1	1	OR STATE		0	EPARTMENT O	HEALTH	AND MENTAL H	YGIENE	0	ang j	~7	1
055130	,	F 5	EGISTRAR		MED	DICAL EXAMI	NER'S	ERTIFICATE O	F DEATH O	REG. NO.	5 /	1	1
	1.		EASED NAME	FIRST		MIDDLE		LAST	20. DATE K	NOWN X MON	NIH DAY	YEAR	2b. HOUR
E RS S. SE	1	(TABE	OR PRINT)	AE	SUN	YI	LE	E	OF DEATH A	ESII-	2 17	, 86	AA
PLEASE CTOR FILES.	3	SEX	4 RA	CE D	S. DATE OF BIRTH	6. AGE (IN		DER 1 YR. IF UNDER		MŎN			2d HOUR
POUR DURE DURE DUS DN S		F	emale Ko	orean	5 5	55 30		S DAYS HOURS	MIN PRONOUNC DE AD	.ED	2 17	19 86	12;50 A <sub>M</sub>
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N N N N N N N N N N N N N N N N N N N	17		orea		Korea		WIDOW			more Cou	intv		MD.
SE S	2 10	0 CIT	Y OR TOWN OF D	EATH	TI. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	120. USUAL OCCUPA	ATION (TYPE OF WO	ORK 12b. KINI	D OF BUS	INESS
IF ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. SHOULD BE FILED, WITHIN 22 HOURS SHOULD BE FILED, WITHIN 22 HOURS SHOULD BE FILED, WO. PRESTON STREET,	10	C	atonsvil:	le		rove Hosp			FOR MOST OF WORKE		OK .		
AN TOP	100	SUA 30 ST		NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	SSION)	124 INCHES CITY AND TO				2122	27
ANY AND AND RETA	35		aryland		imore	Lansdown		13d INSIDE CITY LIMITS? YES NO TO	13e. STREET ADDRES 2905 Tak		rirala		
			THER'S NAME	1 1/41			10	15. MOTHER'S MAIDE	NNAME				
DEATH. GES 1, M PM AND 2 OF VITA	3/10	)	Son		HO	vi Vi		FIRST	MID	DLE		AST	
MOR PAGE NORM	7 1	6a W	AS DECEASED EVE		AED FORCES?	16b. SOCIAL SECUR	ITY NO.	Won 17 INFORMANT	Son	ADDRESS	Yan	<u>g</u>	
URS AFTER DEATH. II 8. GIVE PAGES 1, 2, WITH PORM PM 3. IT PAGES 1 AND 2. DIVISION OF VITAL	1		S, NO, OR UNKNOWN)	(#FYES, GIVE V	VAR OR DATES)	214-76-8	206	Sonho Yi,	10028 Fox	DEn Coi	ort 2	1043	
. 02 . > . \				ATH (Enter only	y one cause per line		190	JOINO II,	10020 102	DEII CO	APP	PROXIMATE	NTERVAL
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STON ST N 17EM 1 N 17EM 1 T PERM 17 PERM	× ×			IMMEDIAT	CHOSE (G)	AS A CONSEQUENC	E OF						
HIN ER A	EW		Conditions, if										
D WII	OR O		gove rise to couse (o) stati	ng the under-	DUE TO, OR	AS A CONSEQUENC	E OF			-			
CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PTING THE WORD "PENDING" IN PENCIL IN ITEM THE WORD "PENDING" IN PENCIL IN ITEM TO THE CHIFF MEDICAL EXAMINER ALONG SHOULD BE USED AS A BURIAL. TRANISIT PER DEPARTMENT OF HEALTH AND MENTAL HYGEIS	ž		lying couse la	st.	(6)								
MECH PS.	¥		PART 2 OTNER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	OR CONDITION GIVEN IN PAR	T 1 (g)				
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OF V OF V THE CID BI	08	CER	210 EXTERNAL CA		21b. TIME OF	INJURY MONTH DAY YE	21c. H	OW INJURY OCCURRED	LENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 C	OR PART 2)		
ON STHE TO THE HOUI	25	¥	UNDERLYING CONTRIBUTING	OR CAUSE OF D		x 2-17- 198		bject hange	ed self.				
VISIC FRTII ERTII ED T S SH S SH S SPH	PR	EDIO	214 INJURY OCCU		21e PLACE C	FINJURY (AT HOME,	21f. LO	CATION		11-57-75			
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A STORE	Z		death resulted fro		al causes .		Suicide X	, Homicide .	Undetermined mon		у оринан		
SE BENTA	1 KYI		deom resolved in	mi. Natore	arcuoses [	Accident L.	outlide (1)	TITLE (SPECIFY)	Ondetermined mon	ner [			
H COLL	\$		ACTUAL SIGNATURE	11	22		-	.o. Assistant	AAEDICALEVAAA	D/	ATE 2-	-17-8	36
SET	OR .			lan	8								
RECOURSE	E CO		EXAMINER'S NAM (TYPE OR PRINT)	e Ann I	M. Dixon,	M.D.		ADDRESS 111 F	Penn St.,	Balto.,	MD 2.	1201	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST	₹ 7	Ja. BU	RIAL, CREMATION	REMOVAL 23	b. DATE	23c. NAME OF C			23d LOCATION		COUNTY	STAT	
07/84 BP		(3)	Buria	al	2/20/86	Crest L	awn Me	m. Gardens	Marriott	sville	Howard		
25M DHMH - 17		4 FU	NERAL DIRECTOR		ADDRESS		2122	250. DATE R	EC'D. BY REGISTRAR	256 REGISTRAP	'S SIGNATU	RE	
(VR ATS ME (		H		uneral	Home, Inc	., 4107 W	ilkens	Ave. F	FR 1 0 100	6			ine

	STATE OF MARYLA
OB.	DEPARTMENT OF HEALTH AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	).		
	OR PRINTS	FIRST					20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	R			W						7:02am
3, 58.	X		4 RACE				6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE		IF UNDER 24 HRS
1	Male		White		Jul	y 12, 1944	41	YRS		MIN.
Tu B		FOREIGN	Th CITIZEN OF	WHAT COU	INITOVO I		9 BALTIMORE CITY O		ATH	
1			U.S.A				Baltimor	e		MI
10 C	ITY OR TOWN OF DE	ATH				OR OTHER INSTITUTION			KINDO	F BUSINESS OF
	Towson		St Jos	eph H	ospital		Self-emplo	yed Co	nsti	action
13a 5	STATE					13d INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	212	34
1	FIRST		**	Tod	AST	FIRST	MIDDLE			
					0		75		me1.	Ler
(	YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)							
	18 CAUSE OF DEAT	H (Enter and	y ane cause per	line far (a),	(b), and (c)			I B	APPROXU	MATE INTERVAL
	PART I. DEATH V	VAS CAUSED	BY:	CA	RDLOPE	LAPNON JE	ARREST			
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k	cause (a), stati	ng the	DUE TO, O	R AS A CON	SEQUENCE OF	-TOSIS PICI	WARLO INDE	A MICOS	25	
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TION									12	V
CA	190 DATE OF OPERA	TION	196 COND	ITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDIN	GS USED OF DEATH?
##			1 23				YEST NO	YES 🗌		NO 🗌
8		-	LIOUD A		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR	PART 2)	
CAL			1111		19	J. 79-7 N. 184				
EDI	21d INJURY OCCUR	RED			OFF. C. P. P. C. C.	211. LOCATION	CITY OF TOX	VN COL	INTY	STATE
2	AT WO AT WO	PHIE DRK	(AI FOME SII	REET, PACTORY,	OFFICE, FARM ETC )	Jinee				31710
	22m. I certify that (	(this haspite						, 19_8	26.	hat (we) las
	saw the deceas	ed alive an			_19_ <b>56</b> , a	nd that in (mx (aur) apinian	death accurred on the do	te and haur and fi	am the c	auses stated
	226. SIGNATURE	17	0	7				220	DATES	IGNED
	1.	1		1	5 m	ATTENDING PHYSICIAN F		F IAN DO	2 -2	0-86
	22d. PHYSICIAN	ME UM OF	dent.			22e ADDRESS				
	REYN	200	OPT	LELA	-COME	M.Diggs V	D 100	34 1 0100 4		
23a F	SURIAL CREMATION		- 1			TO COLOR		1 Ma 21204		
	Cremation			1986				re. Mary	and	STATE
	MEDICAL CERTIFICATION  10 C  14 FA  160 V  C  17 FA  18 FA  18 FA  19 FA  19 FA  10 FA	I DECEASED NAME (TYPE OR PRINT)  R  R  R  R  R  R  R  R  R  R  R  R  R	I DECEASED NAME FIRST Ronald Romand R	I DECEASED NAME (TYPE OR PRINT)  Ronald  A RACE  White  White  I CITY OR TOWN OF DEATH  TOWSON  U.S.A  10 CITY OR TOWN OF DEATH  TOWSON  UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION  THE TATE  ATE  TATE  ATE  TATE  I FATHER'S NAME  FIRST  FIRST  JAMES  W.  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO OR UNKNOWN)  YES  18 CAUSE OF DEATH   Enter only one cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  URTO, O  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  URTO, O  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  URTO, O  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  URTO, O  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  URTO, O  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  URTO, O  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost  URTO, O  Conditions, if ony, which gave rise to immediate cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, O  (b)  PART 2 OTHER SIGNIFICANT CONDITIONS CI  OR CONTRIBUTING CAUSE OF DEATH (P)  COR CONTRIBUTION CAUSED (P)  COR CONTRIBUTION CAUSE OF DEATH (P)  COR CONTRIBUTION CAUSE OF	I DECEASED NAME  (TYPE OR PRINT)  Ronald  White  White  White  I RACE  White  White  I RACE  What Of Hoppital, I Report Ropelly Report Report Report Report Report Report  I RACE  White  I RACE  White  I RACE  White  I RACE  What Of Hoppital, I Report Repor	I DECEASED NAME  (TYPE OR PRINT)  Ronald  Ronald  W Leigh  White  S. DATE OF WHAT COUNTRY?  MARKE  WILLIAM OF HOSPITAL, NURSING HOME OF CHIEF HAVE ACHT OF WHAT COUNTRY?  I CITY OR TOWN OF DEATH  TOWSON  JULIA RESIDENCE (IR NURSING HOME OF CHIEF HAVE ACHT) ONE SIRREL ADDRESS  ST. JOSEPH HOSPITAL  WILLIAM OF HOSPITAL, NURSING HOME OF CHIEF HAVE ACHT OF WHAT COUNTRY?  III. FATHER'S NAME  FIRST  James  W. Leight  III. PATHER'S NAME  FIRST  JAMES  III. ACCIDENT WAS CAUSED BY:  IMMEDIATE CAUSE (I)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (I)  DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS (II)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF ELIER NOTIFY MEDICAL EXAMINER)  210. ACCIDENT WAS UNDERTYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  AND ON THE PART OF PART OF THE P	DECEASED NAME	Reg No.   Reg	TOURS   TOUR   TOUR	TOECEASED PARME (1801)  ROAD W  Leight  Road W  Leight  Road W  Leight  Road W  Leight  Road W  Road W

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE FEB & 1 1986 - www.woon-plander PROF. TENT 5 L W

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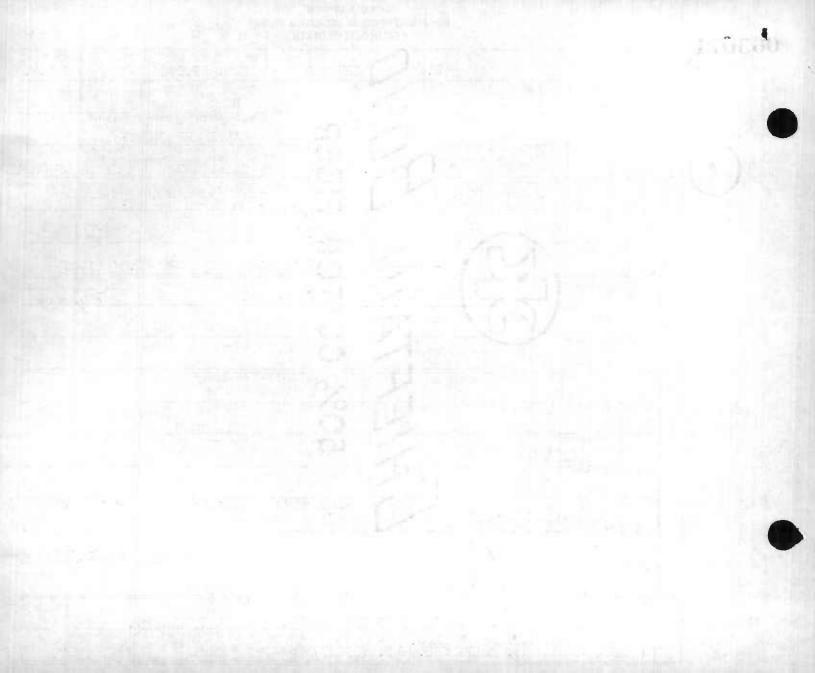
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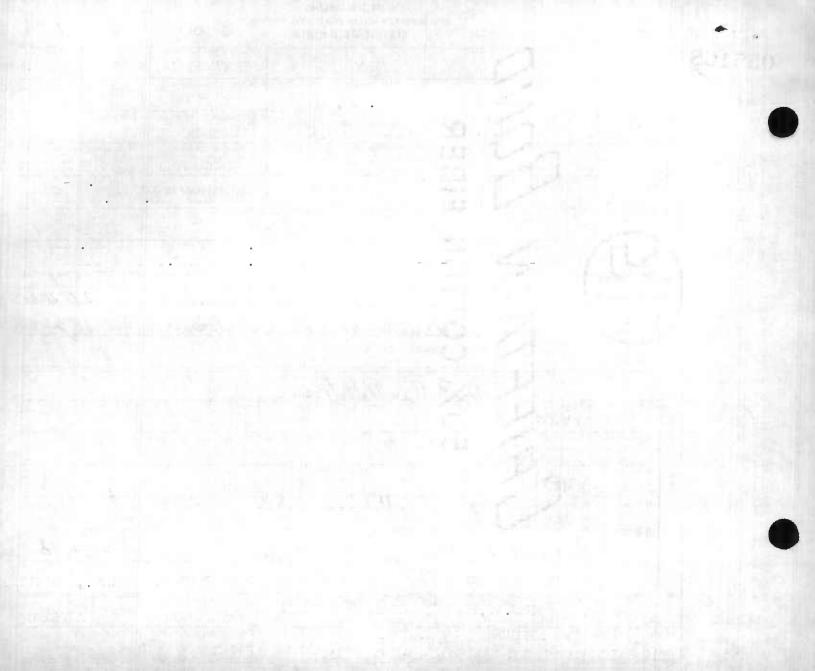
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

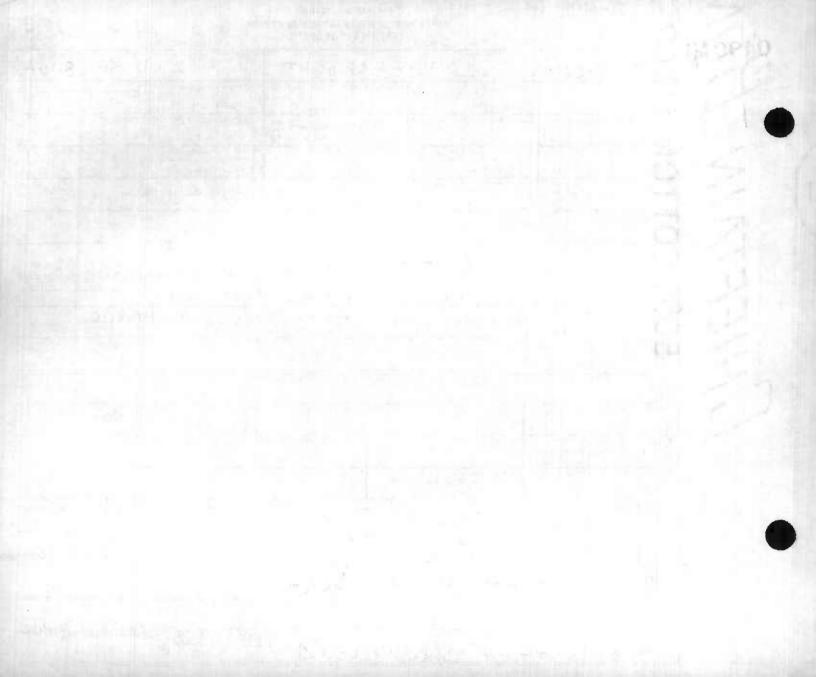


REGISTRAR  1. DECEASED NAME FIRST					CERTIFI	CATE OF DEATH		REG. N	O.		
	CEASED NAME	FIRST	MID	DIE		ST		TE OF DEATH	MONTH D	AY YEAR	2h HOUR
1	THO	MAS	Luth	er L	1512	KNECHT		140	2.12	.86	8.10 Am
3 SE	(	4	RACE	BeT-1900			6 AGI	(IN YEARS LAST BIR	THDAY)		IF UNDER 24 HRS HOURS MIN.
1	MALE		WHIT	E			34	<del>71</del> 51	YRS.	DATS	HOURS MIN.
	RTHPLACE ISTATE OR FOR	REIGN 7			8 AAADDIEG		9 BAI	TIMORE CITY	R COUNTY	OF DEATH	
4			USA					Baltime	ore C	ountv	MD.
		н 1				R OTHER INSTITUTION	120 U	SUAL OCCUPAT	ION	126. KIND C	F BUSINESS OR
LE	andallsto	own			,	Gen. Hos	, ,				E
						13d INSIDE CITY LIMIT	S?   13e.ST	REET ADDRESS	/ ZIP CODE	2	1133
4	MD	Balt				MES NO NO	10			sville	Road
J. F/	THER'S NAME	M	IDDLE	LAST			NAME	MIDDLE		LAS	1
1	U.		В.			Ruby		France			
						17 INFORMANT		ADDR	ESS		
	NO			220-30	1-0245	Charles I	Liebk	necht 1	Randa	listor	vn, MD
	18 CAUSE OF DEATH	(Enter only	one couse per lin	e for 101, (b), on	d ici I		~^ ~		_	BETWEEN	MATE INTERVAL ONSET AND DEATH
				FFUS					,		
1	The state of		DUE TO, OR A	S A CONSEOU	ENCE OF	CARCIT	YOM.	A ESC	PHAC	OUS.	
-			( (b)								
B	couse (a), stating	the	DUE TO, OR A	S A CONSEOU	ENCE OF					140	
	underlying couse	last.	( (c)								
7	PART 2 OTHER SIGNI	FICANT	ONDITIONS CON	TRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINALD	ISEASE OR CON	DITION GIVE	EN IN PART 1	
ē											
S CA	190 DATE OF OPERATION	NO	196 CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	200	AUTOPSY?			
E							YES	- NOVEX			NO 🗌
		1	140110 4 44		AY YEAR	ZIE HOW INJURY OC	CURRED (E	NTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)	
CA			P.M.		19						
MED	1.504		(AT HOME STREET	FACTORY OFFICE I	ARM ETC )	STREET		CITY OR TO	NWN	COUNTY	STATE
					1. 7	-	P	-	7	d	
	220 I certify that (I) (t sow the deceased		I) amended the c	deceased from	36	19.5	SO, to			19-56	that (we) lost
			11 1 1 6	ter death	, on	d that in (pry) (our) api	nion death o	ccurred on the d	ofe and hour	ond from the	couses stated
	obove, (I) (we) (dic	d) (dua not)	view the body of	er ocom.						*	
		d) (diemot)	view the body of	1	С	EGREE	IG MED	ICAI STA	FF /	22c. DATE	
	obave, (1) (we) (did	tai	u Mi	tra	C	ATTENDIN PHYSICIA	IG MED	ICAL STA	FF CIAN D		2.86
2	obove, (I) (we) (dic	tai	PRINT)	tra	- 1	ATTENDIN PHYSICIA 27: ADDRESS	IG MED	CTOR PHYSIC	FF		
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	70 BI M 10 CI R SU/ 30 S	MALE  76 BIRTHPLACE STATE ON FO COUNTRY)  Maryland  10 CITY OR TOWN OF DEAT  Randallsto  SUAL RESIDENCE (IF NURSIN 30 STATE  MD  FATHER'S NAME HISSI  U  160 WAS DECEASED EVER IN (YES NOOR UNKNOWN)  NO  18 CAUSE OF DEATH PART I. 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DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT COUNTRY OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  210 ACCIDENT WAS UNDERLYING 7 CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  210 INJURY OCCURRED	MALE  MALE  MALE  MALE  MALE  MHIT:  76 BIRTHPLACE   STATE OR FOREIGN   COUNTRY)  Maryland  USA  10 CITY OR TOWN OF DEATH   II. NAME OF HO BALTIM  ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OR STATE   III. NAME OF HO BALTIM  MD   Baltimore    FATHER'S NAME   FRIST   MIDDLE    WAS DECEASED EVER IN U.S. ARMED FORCES?   (YES NOOR UNKNOWN)   (IF YES, GIVE WAR OR DATES)    NO  18 CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DI  Conditions, if only, which gove rise to immediate couse to i, stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CON  190 DATE OF OPERATION   19b CONDITION OR CONTRIBUTION   CAUSE OF DEATH HOUR A.M. P.M. 21d INJURY OCCURRED   21b TIME OF III HOUR A.M. P.M. 21d INJURY OCCURRED   21b TIME OF III HOUR A.M. P.M. 21d INJURY OCCURRED   21e PLACE OF CALHOUR STREET	MALE  MALE  MHITE  76 BIRTHPLACE ISLATE ON FOREIGN COUNTRY)  Maryland  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING IN NOT INSUCHABELITATIVE GIVE STREET  Randallstown  Baltimore  Conditions, If any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO WHICH IF EITHER NOTIFY MEDICAL EXAMINER)  190 DATE OF OPERATION  190 CONDITIONS CONTRIBUTING TO P.M.  191 CAUSE OF INJURY HOUR A.M. MONTH D. P.M.  210 INJURY OCCURRED  210 PLACE OF INJURY OF SIGNIFICANT CONDITIONS CONTRIBUTING TO P.M.  210 INJURY OCCURRED  210 PLACE OF INJURY OF SIGNIFICANT CONDITIONS CONTRIBUTING TO P.M.  210 INJURY OCCURRED  210 PLACE OF INJURY HOUR A.M. 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P.M.  216 PLACE OF INJURY OF SIGNIFICANT CONDITIONS CONTRIBUTING TO P.M.  216 PLACE OF INJURY OF SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIB	MALE  MALE  MALE  MALE  MALE  MARKED  MARKED	MALE  MALE  WHITE  10 - 5 - 19  To BIRTHPLACE   STATE OR FOREION   TO COUNTRY    MARRIED   NEVER MARRIED   NOT COUNTRY    MARRIED   NOT COUNTRY   NOT COUNTRY	3 SEX  MALE  WHITE  10 - 5 - 1934  76 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  MARYLAND  WIDOWED D NEVER MARRIED DIVORCED X  10 CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  Randallstown  Baltimore Country  Baltimore Country  MD  Baltimore Randallstown  Baltimore Randallstown  Baltimore Randallstown  Baltimore Randallstown  Baltimore Randallstown  Baltimore Country  13d. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13d. STATE  13b. COUNTY  13d. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STATE  13b. COUNTY  13d. CITY OR TOWN  13d. INSIDE CITY LIMITS?  13e. STATE  15 MOTHER'S MADE  15 MOTHER'S MADE  160 WAS DECEASED EVER IN U.S. ARMED FORCES?  16D WAS DECEASED EVER IN U.S. ARMED FORCES.  17 INFORMANT  18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond 1c:  18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), ond 1c:  19 WE CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DECEASED EVER IN U.S. COUNTRIBUTION OF COURT OF THE TERMINAL DECEASED EVER IN U.S. COUNTRIBUTES?  18 COUNTRIBUTES OF THE TERMINAL DECEASED EVER IN U.S. COUN	SEX	MALE  MALE  MHITE  10 - 5 - 1934  MARRIED   NEVER MARRIED   SHATHORAY ON THE ADDRESS   SHATHORAY ON THE ADDRESS   SHATHORAY ON THE ADDRESS    MARRIED   NEVER MARRIED   SHATHORAY ON THE ADDRESS   SHATHORAY ON THE ADDRESS    MARRIED   NEVER MARRIED   SHATHORAY ON THE ADDRESS   SHATHORAY ON THE ADDRESS   SHATHORAY ON THE ADDRESS    MARRIED   NEVER MARRIED   SHATHORAY ON THE ADDRESS   SHATHORAY ON TH	SEX     RACE     S. DATE OF BIRTH

ItemS#16b, 6 G613 3/21/86 CW STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR



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WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 066180 REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TTYPE OR PRINTI Alicia Campbell DAM 3 SEX 6 AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR FUNDER 24 HRS White Female 8, 1925 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [ IMOUR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTRY tousewi 21136 13a. STATE 13e STREET ADDRESS / ZIP CODE TENSTOWN 4 FATHER'S NAME MIDOLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Hodakimos diseases Conditions, if ony, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOV YES | NO I Hygie 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STATE NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from, sow the deceased alive an. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 226 SIGNATURE 19/86 MEDICAL DIRECTOR PHYSICIAN P the Stot PORTANT 274 PHYSICIAN'S NAME LLYPE OR PRINTS 22e ADDRESS Baltimore County General Boston 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY DHMH - 16 60M 7/84 (VRA 15, 4)

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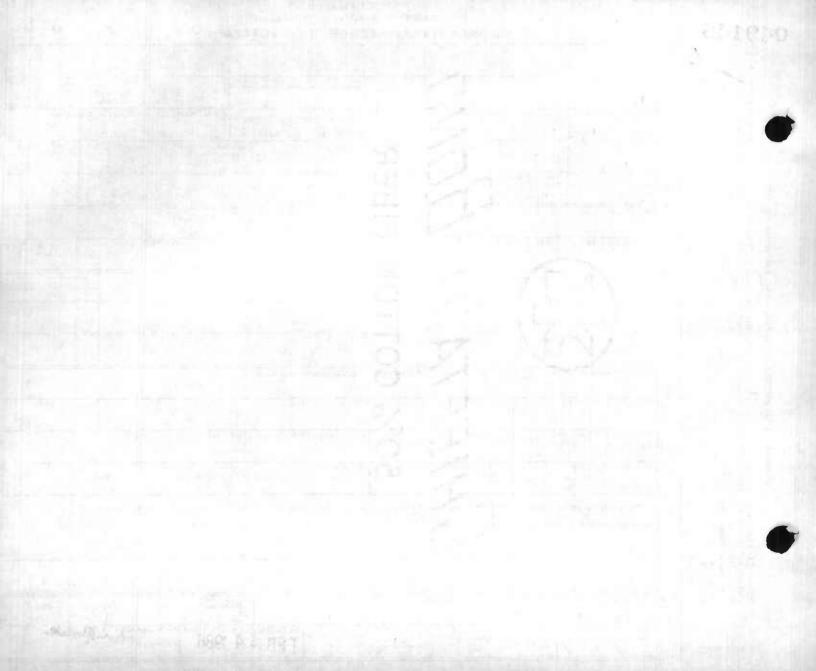
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.				ii =	

41157	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	YGIENE	REG. NO.	03.	779
		CEASED NAME FIRST		MIDDLEOliver	L/	VS1	2a DATE O		DAY YEAR	26 HOUR
noy be	(TYPE	Jame		"		lacCulloch		2/4	/86	5:40pm
OE OF	3 SE	X	4 RACE		5 DATE O		6. AGE (IN)	EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
rs offi		Male	White	2	Ma y	9 1890	95	Y	RS DATS	HOURS MIN.
nerol direct		RTHPLACE (STATE OR FOREIGN COUNTRY)  Ontario	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED [	□ Ra	RECITY OR COU 11 timore		MD.
in by the fure of filed with	10 C	Towson	(IF NOT IN SUI	HOSPITAL, NURSING FACILITY, GIVE STREET Charles	ADDRESS)	R OTHER INSTITUTION	(TYPE OF WOR	OCCUPATION  REFORMOST OF WORKER  TVISOT		of BUSINESS OR tile
filled in lould be f		AL RESIDENCE (IF NURSING HOME 136 CO aryland Balt			E ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET 2410	ADDRESS / ZIP C	k Rd., 2	1131
ompletely and 2 sh	14 F/	John	R.	MacCul	loch	15. MOTHER'S MAIDEN N  Jenny	NAME	MIDDLE	Sha	annon
dicol		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17. INFORMANT	4,,-44	ADDRESS		
Pogo.		No	-	021-05	-3946	Edward E.	. MacC	ulloch, 2		
physicio physicio impopers menal	1	18 CAUSE OF DEATH Enter PART I DEATH WAS CAU	only one couse pe SED BY: ATE CAUSE (o)	tine for (o), (b), or Carc	inoma	of the Colo	2113 n	31	BETWEEN	IMATE INTERVAL ONSET AND DEATH
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No. of Parks	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTO	NO   206 IF	FYES, WERE FINDIFERTIFYING CAUSES	
o shyuc o shyuc methical metal hys		210 ACCIDENT WAS INDERLYING OR CONTRIBUTING CAUSE OF E	DEATH HOUR A	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCU	URRED (ENTER N.	ATURE OF INJURY IN ITEA	M (8 PART ) OR PART 2)	
offer the standard of the stan	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE,	FARM ETC )	2H LOCATION STREET		CITY OF TOWN	COUNTY	STATE
ATTENDE sphal or CTOR A Life over 21 s mm	1	220 1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	~ 11		2/4 86	d that in (my) (our) apinio		2/4 ed on the date and		that (It (we) last causes stated
TALOR No		276. SIGNATURE	Money	Press		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	27c. DATE	SIGNED
TO FUNE MADORITA		Dr. C. S1	naughness			GBMC				
DD.	23a	BURIAL, CREMATION, REMOVA (SPECIFY) Gremation	2/6/8			ew Cremator	CITY	onsville	Balto	. Md.
BP	24 fi	UNERALDIRECTOR	2/0/0	22 I W	CSLVII		-		BISTRANGSIGNAT	
DHMH - 16 60M 7/84 (VRA 15, 4)	2	. E. Lowell L	emmon,	10 W. F	adoni		FEB O	6 1986	Just Ber dies	-Mandall

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	1		CEASED NAM	FI	IRST		MIDDLE			LAST		2	o. DATE	KNOWN [	_	H DAY	YEAR	26 HOUR
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	18:30	3.5E)	(	4. RACE		DATE OF BIRTH	YEAR	6. AGE (IN Y			IF UNDER		C DATE	CED	MONTH	DAY	YEAR	2d. HOUR
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	お布品間	10 C	ITY OR TOWN	OF DEATH		NAME OF HOS	PITAL, NUI	RSING HON	AE, OR OTH	ER INSTITU	ITION		AL OCCUP		PE OF WORK	12b K	IND OF BU	SINESS
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2/	COEAS /	$\vdash$	Unkn.	E DEATH (Ex	ter anly a	ne cause per line			0.9								APPROXIMATE	EINTERVAL
ta (	DO NO		PARTIDE	ATLIBUTE	ALLEED DI	AUSE (a) Ar		- ()	otic (	ardic	Masch	ılar I	)i sea	20		BET	TWEEN ONSET	TAND DEATH
5	A E DESE		100	IMA	AEDIATE C	DUE TO, OR				<u>anarc</u>	<u>Jvasco</u>	1143. 1	JIBCU	50			-	
28.53	EN SERVICE			ns, if any,		1												
*	NAME OF THE PARTY		cause (a	se to immi		DUE TO, OR	AS A CON	SEQUENCE	OF	JE W								
20	N EXA		lying cau	se last.		(c)												
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0	- SAR SAR -	N N																
2	DE TONE	13	190. DATE OF	OPERATION	1	196. CONDI	TION FOR	WHICH OPE	RATION W	AS PERFOR	RMED?		10.00	-0 T	1000	20	AUTOPSY?	
E .	発音なごの最一	I	21a. EXTERNA	CALLETY	16					138 14							YES 🗆	иохх
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	PAG STATE		AT WORK	AT WORK			7					x (FY (F)						
	A S S S S S S S S S S S S S S S S S S S					the remains de	cribed also	oe, held on	Autop		Inspection		Inquiry		nd in my	apinian		
-	A BENEFIT		death result	ed lyber / -	Natural c	auses XX.	Accident	S	unide D	, Hamir		Undeter	mined ma	nner,				
	X8325		ACTUAL	11 00	1.11	A) W	Has	M	Men		SPECIFY) Lstant				DATE	E 1	2-10-8	86
1	A SHOULE A SHOULE NERAL DI DEATH, W	1	SIGNATURE.	-	<del>UCU</del>		1000	11000	I I IN	.D. 2100.	Locarre	MEDIC	AL EXAM	INER	SIGN	1ED	- 10	30
	<b>国の支配数型</b>	1	EXAMINER'S (TYPE OR PRI	NAME DE	ennis	F. Smy	th, M	VD.		ADDRESS_	111 F	Penn S	St.,	Balto	)., M	d.	2120	1
	524544	23a B	URIAL, CREMA	TION, REMO	VAL 236 [	DATE	23c. N	NAME OF CE	METERY C	R CREMATO	ORY	539 FOC	ATION			UNIY	-7	ATE
07/84	BP	Вυ	rialRem		2,	/11/86	Ga	ardens	of F		1	Ba	Ito.	, Md.	, Ba	lto.		
25M	DHMH - 17	24 F	UNERAL DIREC	TOR	1-1-1-1	ard/ADDRESS	1 Ches	saco A	ve.		FFR	TA 1	REGISTRAI	R 756 REG	PIRAP'S	SIGN	at the second	4
	(VR A15 MF (51)	Cz	ach F H	Anaton	IA BO	ara/		Balt	.O., P.	d.	FFH	7 4	300	7.00				25



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

12

- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME TYPE OR PRINTI CATHLEEN MACHLINSKI R. 5. DATE OF BIRTH 4 RACE 1.5EX 6 AGE (IN YEARS LAST BIRTHDAY)

20. DATE OF DEATH

186

26 HOUR 12:01A IF UNDER 1 YEAR IF UNDER 24 HRS

FEMALE BIRTHPLACE (STATE OF FOREIGN

White THE CITIZEN OF WHAT COUNTRY? 10-26-1965 YEAR

20 **BALTIMORE CITY OR COUNTY OF DEATH** 

Md. U.S.A.

MIDDLE

8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic

IMMEDIATE CAUSE (a)

MARRIED ANEVER MARRIED WIDOWED DIVORCED [

BALTIMORE COUNTY

O CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GBMC-6701 N. CHARLES ST.

12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Student

126. KIND OF BUSINESS OR INDUSTRY

APPROXIMATE INTERVAL

TOWSON

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 136, COUNTY 136, CITY OR TOWN Balto.

113d INSIDE CITY LIMITS? YESX

15. MOTHER'S MAIDEN NAME

FIRST

13e STREET ADDRESS / ZIP CODE

4520 Shamrock Ave. 21206

4. FATHER'S NAME George

Md.

Vavilis

Anna 17 INFORMANT

ADDRESS

MIDDLE

Sheeks

160 WAS DECEASED EVER IN U.S. ARMED FORCES? No

PART I. DEATH WAS CAUSED BY:

219-96-6341

Anna Machlinski, Same as 13e

Canditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last

DUE TO, OR AS EFT IC SHOCK

STAPHYLOCOCCAL PNEUMONIA

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

90 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20g AUTOPSY?

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM, ETC.)

CARDIOVASCULAR INSUFFICIENCY

211 LOCATION

CITY OR TOWN COUNTY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21d INJURY OCCURRED NOT WHILE

270 I certify that (I) (this hospital) ottended the deceased from 86

86 , and that in (my) (our) apinion death occurred on the date and hour and from the couses stated

86

saw the deceased alive an. abave, (1) (we) (did) (did not) view the body after death

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

(TYPE OR PRINT)

GBMC-6701 N.CHARLES ST.

230. BURIAN CREMATION, REMOVAL Burial

2-14-86

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

CITY OR TOWN Balto. Md. COUNTY STATE

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

236 DATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REGISTRAR		CERT	IFICATE	OF DEATH	REG. NO.	REG. NO.				
	1. DECEASED NAME FIRST	MIDDL		LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
	JOSEPH CARI	ւ	M	MAHON FE			1986	11 Am			
	3. SEX	4 RACE		E OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
	MALE	CAUCAS	TANT	Y 23,	1911	74 YR	MONIHS DAYS	HOURS MIN.			
	7g_BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8	NED YY NE	VER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH				
5			A. WIDO	WED 🗌	DIVORCED [	BALTIMORE C	DRE COUNTY ME				
			PITAL, NURSING HOM ILITY, GIVE STREET ADDRESS]	E OR OTHE	RINSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR			
0			OOKCREST W	AY, AP	T. A2	U.S. GOVERNMEN	T POST	OFFICE			
	UNAL RESIDENCE (IF NURSING HOME O		RESIDENCE BEFORE ADMISSIC CITY OR TOWN		IDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO		1208			
5	MARYLAND	BALTO	BALTO	YES [	NO [X	7201 BROOKCRE	ST WAY, A	PT. A2			
	I FATHER'S NAME	MIDDLE	LAST	15 MO1	THER'S MAIDEN NA	WE					
0	JOHN	Middle	MAHON TREAS					KING			
	60 WAS DECEASED EVER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO	17 INF	ORMANT	ADDRESS	#	21208			
			2-03-1632	MRS	. JOAN MAI	HON 7201 BROOKC		,APT. A2			
	18 CAUSE OF DEATH Enter of	nly ane cause per line	faria), (b), and ici			1 1	BELWEEN	MATE INTERVAL ONSET AND DEATH			
	PART I. DE ATH WAS CAUSE IMMEDIA	TE CAUSE (a)	1. mile	7 0	IN text	Car	II.7	NR.			
		DUE TO, OR AS	A CONSEQUENCE OF		V						
				A 1 4	1 17/	1					

Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC ) NOT WHILE 22s I certify that (1)

and that in (my) opinian death occurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR 226 ADDRESS

DIRECTOR | PHYSICIAN |

221 DATE SIGNED

DR. RAYMOND CAPLAN

2435 W. 231 NAME OF CEMETERY OR CREMATORY HAR SINAI

23d. LOCATION OWINGS MILLS BALTO., MD

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL SOL LEVINSON & BROS., INC.

236 DATE

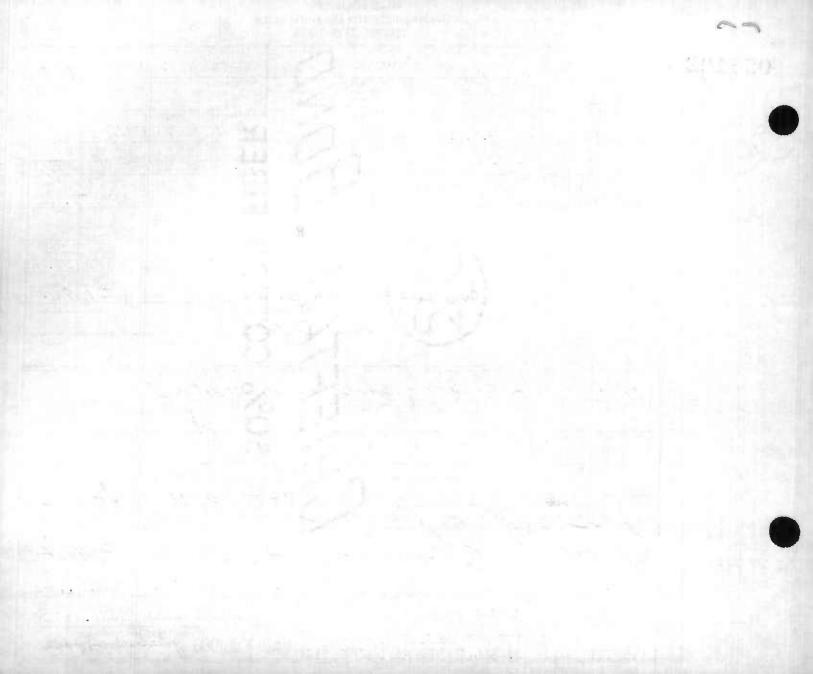
2/13/86

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

BELVEDERE AVE.

BALTO.

MD



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 REG. NO.

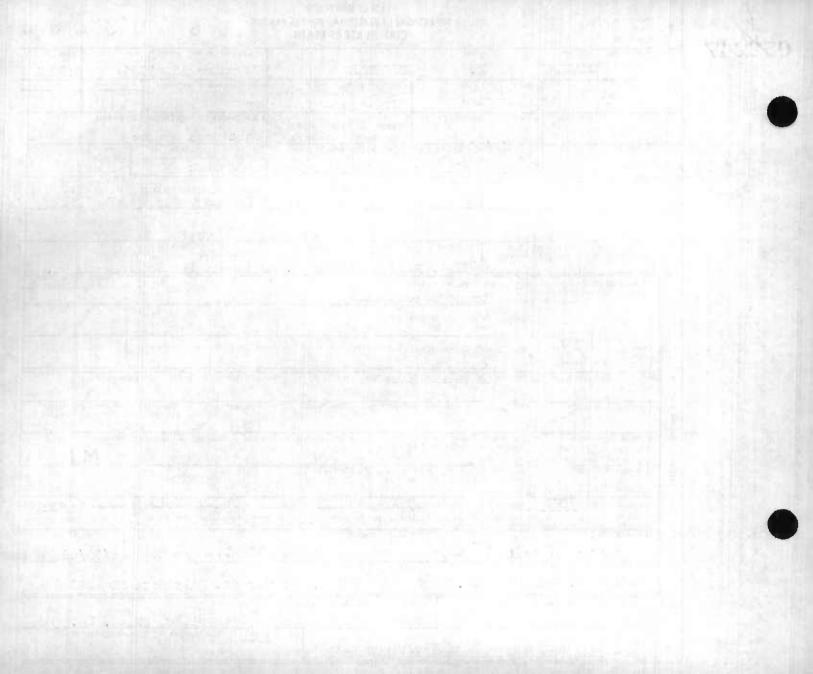
		CEASED NAME	FIRST	A	MIDDLE LAST			2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR				
	(TYPE	CHA	ARLES	I	Ξ.	MALLO	NEE	February	15, 1	986	6:50	AM
24	3 SEX	SEX 4. RACE				5. DATE O		6 AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 2	24 HRS
H		Male Cauc			Lan	1 2	- 24 - 08	77	YRS.	MONTHS DAYS	HOURS	MIN.
21		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTR	8 Y?		9 BALTIMORE CITY OR COUNTY OF DEATH				
1		rvland	-1100	IIS	MARRIED NEVER MARRIED WIDOWED X DIVORCED			Baltimore	Coun	tv		MD
5		ITY OR TOWN OF DEAT	тн			SING HOME O	R OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND C	F BUSINE	SS OR
Ø		owson		Greater		ore Med	ical Center	Mechanic	OF WORKING	Shee	et Met	tal
Z	13a S	AL RESIDENCE (IF NURSIN	IS HOME OR	OTHER INSTITUTION. TY	13c. CITY OR TO	NWC	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			975	1
6	_	el			Selbys	ville	YES NO 🕅	36 Shady	Park	Mobile	Park	
1	7	ATHER'S NAME	,	llonee LAST			Margaret Duvall					
	$\overline{}$											31
2		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	Timonium,	Ma 210	093		
	N	lo			215 05	4611	William C. N			eenmeado		
		18 CAUSE OF DEATH	(Enter onl	y one cause per	line for (a), (b),	and (cs.)				APPROX BETWEEN	ONSET AND	V AL DEATH
Н		PART I. DEATH WA	MMEDIAT	E CAUSE (a) E	ronchor	neumon:	ia	E. H. Carrier				
				DUE TO, OF	AS A CONSEC	DUENCE OF						
		Conditions, if any,		( (b)_							100	
Ч		gave rise to imme cause (a), stating		DUE TO OF	AS A CONSEC	DUENCE OF					33,44	
×		underlying couse	last	((c)							15-5	
	7	PART 2 OTHER SIGNI	FICANTO	ONDITIONS CO	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION G	SIVEN IN PART 1	a	
1	CERTIFICATION											
	CAT	190. DATE OF OPERATI	19b. CONDI	TION FOR WHI	TION FOR WHICH OPERATION WAS PERFORMED				ES, WERE FINDI			
	TIE							YES NO		YES X	NO [	
1		210. ACCIDENT WAS UNDE				DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	TURY IN ITEM 18	8 PART   OR PART 2)		
	CAL	OR CONTRIBUTING CA		A. MONTH DAY YEAR A. 19								
	MEDICAL	21d INJURY OCCURRE	D	21e. PLACE C	OF INJURY		21f LOCATION	CITY OR	CITY OR TOWN COUNTY		51	ATE
	2	AT WORK AT WORK	E 🗆	TAT HOME, STR	EET, FACTORY, OFFR	LE, FARM, EIC )	311121					
		22a Legitify that (I) (this haspital) attended the deceased from OCTOBER 4 10 85 to FEBRUARY 15 10 86 that (I) (well but										
		saw the deceased abave, (1) (we) (di	d alive an	FEBRUAR	ofter death	86 an	d that in (my) (aur) apinian	death accurred an the	date and ho	our and from the	causes sta	ted
	-	226. SIGNATURE		7	arter deam.		DEGREE		900	22¢ DATE	SIGNED	
	9	Klus	+M	Yalus	m		ATTENDING PHYSICIAN [	MEDICAL ST	AFF ICIANDE	2/15	/86	
1		22d. PHYSICIAN'S NA	ME TYPE OF	PRINT)			22e ADDRESS		A	12/13	700	
		Robert A	. Pal	Lermo, M	I.D.		6701 N. Char	les St. BA	Ltimor	re MD 2	1204	
		BURIAL, CREMATION, R	EMOVAL	23b DATE	23	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	B	urial		02/18	3/86	Druid R	idge Cemetery	Pikesvi	lle. I	Balto. C		1d
	24 FL	UNERAL DIRECTOR					250 DA	ERFE D BY REGISTRA	R 15b. REGI	STRAR'S SIGNAT		-
	D.	NAME LIONGE	. E	owel Hen	ADDRES	Talla '	D1 21211		10			

Burgee-Henss Funeral Home 3631 Falls Road 21211

DHMH - 16 60M 7/84 (VRA 15, 4)

1 - STATE

REGISTRAR



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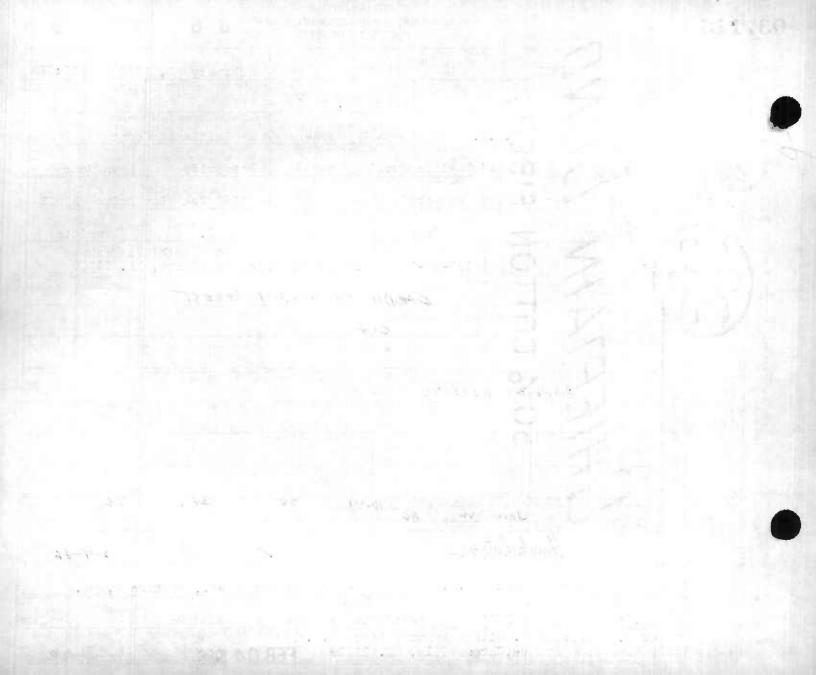
woodloom, Maitimore, M

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37115	1 -	FOR STATE REGISTRAR	DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 3 7 8 5
. 84		CEASED NAME FIRST	MIDDLE	t/	AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be		BESSIE		MAND			1986 11:30A <sub>M</sub>
e _ e	3 SE	X 4	RACE	MONTH DAY YEAR		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
8 95 /	6	Female	White	Marc	h 21, 1905	80 YRS	
E +2 6 0	a Bi	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
10/		New York	U, S, A,	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION		Baltimore	
1 10000	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR!			120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR
I JANEL	10	Catonsville	Frederick Vill	la Nurs	ing Home	Housewife	Own Home
1		AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT)  Maryland Anne	13c CITY OR TO	ORE ADMISSION) DWN DSVille	136 INSIDECITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP COI	
E TAN	P) FA	ATHER'S NAME	DDLE LAST		15. MOTHER'S MAIDEN NAM	ME	TZAST
1 11/14	V	Anthony		anzo	Maria	J.	Pannitta
2		VAS DECEASED EVER IN U.S. ARMI YES NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	CURITY NO. 8:-7969	Joseph Mand	746 Westhi ato Baltimore,	11s Parkway
that the death certifica d by the attending phys lease remove carbon pag ial, cremation, ar remove or other traumatic event,		18 CAUSE OF DEATH Henter only PART I. DEATH WAS CAUSED IMMEDIATE  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	BY.  CAUSE (0)  DUE TO, OR AS A CONSECTION  (b)  DUE TO, OR AS A CONSECTION  (c)	DUENCE OF	A-PYZMOWAN	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires in signe Then p r to bur injury,	NO		enditions contributing t		NOT RELATED TO THE TERM	inal disease or condition g	IVEN IN PART I a
The low rection.  te has been ssit permit. I'giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	IN CERT	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
SICIAN: T g physici certificate certificate inial-transi ental Hygi		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	11b TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM TO	3 PART I OR PART 2)
offendin ter this c s the bur n and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	CE FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
spital or CTOR. Af Ifor use a of Health		22a L certify that (1) (this haspital saw the deceased alive an abave, (1) (we) (did) (did nat)	Jus no 10		d that in (my) (aur) opinian o	death occurred on the date and ho	, 19 that (I) (we) last our and from the causes stated
ALOR /v the har vite har vite beet detached ate Dept VI. If Item		226 SIGNATURE	uboclutyn		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	221 DATE SIGNED 2-4-86
SPIII od by NER TAN		22d PHYSICIAN'S NAME (TYPE ORF			22e ADDRESS		
TO HOSPITAL retained by the TO FUNERAL should be dett with the State MPORTANT:		Humberto Ce	rteza M.D.		1206 Gouch	ner Blvd., Balti	imore, Mu.
± 5 ← ~ > ₹		SPECIEVI			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	2/5/86	Baltim	ore National	Baltimore	Marylan

Lettoval Mrecier Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228

DHMH - 16 60M 7/84 (VRA 15, 4)



	05	zho	).3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the decrees that the decreed within 24 hours offer death. Fage 4 may be executed by the hospital or offerding physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the among the property of an experimental property of the should be detached for use as the buriol-transit permit. Then please remaining the State Dept. of Health and Mental Hygiene prior to buriol, cremation.	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical manufacturates admired as date.

(VRA 15, 4)

7003		FOR	DEPART	STATE OF MAKTLAND MENT OF HEALTH AND MEN		8 6	0 3 /	8 6
1003		STATE REGISTRAR		CERTIFICATE OF DEAT		REG. NO		
m £		CEASED NAME FIRST OR PRINT)	MIDDLE	TAST	2a. DAT	E OF DEATH MONTH	DAY YEAR	26 HOUR P
e de o	3 SE	Woodrow	Wilson A	ANGUM Is date of Birth	Feb	ruary 21 1	986	5.26 M
offe.	2	Male	White		74 7	7/	MONTHS DAYS	HOURS MIN.
35		RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	RIED -	IMORE CITY OR COU	INTY OF DEATH	MD.
1	JII. CI	Rossville	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH PAGILTY, GIVESTREET PRANKLIN SQU		TION 12a US	timore Cou DAL OCCUPATION WORK FOR MOST OF WORK IN Etired	126 KIND OF INDUSTRY	BUSINESS OR
1	130.5		ROTHER INSTITUTION GIVE RESIDENCE BEFORE  13c CITY OR JOW  timore  (astpo	N , 113d INSIDE CITY L	IMITS? 13 STRE	ET ADDRESS / ZIP C	e Road 212	24
130	) FA	THER'S NAME	Mangum LAST	15 MOTHER'S MA Beat	rice	WIDDLE	Brooks	
Poges		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU Was 2 Dates   215-01-	IRITY NO. 17 INFORMANT		n 7701 Eas	stdale Roa	nd 21224
ant Then please remoning to burial, cremations injury, or other trains	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	(c) CONDITIONS CONTRIBUTING TO	ENCE OF		AUTOPSY? [20b. IF	FYES, WERE FINDING	GS USED
and so	HE SE				YES [		ERTIFYING CAUSES O	DF DEATH?
em 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH D.	AY YEAR	Y OCCURRED (ENT	ER NATURE OF INJURY IN ITEM	M 18 PART I OR PART 2)	
ked or h	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION STREET	06 [	CITY OR TOWN	COUNTY	STATE
of Health		22a.1 certify that this hasp	offended the decamed from .	bruary 15,	9, to_	curred on the date and		hat (we) lost ouses stated
detoched ote Dept. IT: If Hem		22h SIGNATURE CHANGE	his a. Powe	DEGREE ATTEMPHYS	NDING MEDIC	STAFF TOR PHYSICIAN	220. DATES 2-2	1-86
with the Sto		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	O Frankli	in Square [	or 21237	
of W W		URIAL, CREMATION, REMOVA	L 23b. DATE 23c I	NAME OF CEMETERY OR CREM	MATORY 23d L	OCATION CITY OR TOWN	HOUNTY	STATE
- 1	24 FI	Durial  JNERAL DIRECTOR	4-25-80	pardens of Fait		verlea, Bali BY REGISTRÂR 256 REG		IRF
- 16 60M 7/84			a & San Inc ADDRESS	XI Easton Ass		) /1 100G	% ' 2"	

18. [verlag, vide, o., le.]

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME LAST 2a DATE OF DEATH 2h HOUR TYPE OF PRINTI Mrs. Eva Manzoni February 26 1986 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS MONTH YEAR Female Caucasian March 9 1903 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Italy USA WIDOWED DIVORCED [ Baltimore County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore 7815 Liberty Rd. Homemaker ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Baltimore 7815 Liberty Rd. 21207 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Mariono Parmigiani Julia Mangavilli ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INMPSANBetty Manzoni 21136 (IF YES, GIVE WAR OR DATES) no 219-07-1322 308 E. Cherry Hill Road Reisterstown Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and IC
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IR CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 220 I certify that (1) (this hospital) aftended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter death 226. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

22e ADDRESS

IL LOCATION Woodlawn

MEDICAL

DIRECTOR

Baltimore Maryland

**Entombment** 

FOR

3-01-86 Lorraine Park Mausoleum Loring Byers Funeral Directors, Inc.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE wha Davidson

STAFF

PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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MPORTANT

the.

8728 Liberty Road Randallstown, Maryland 21133

236 DATE

APTENDING

PHYSICIAN

(CHIEC PROPERTY)

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STATE OF MARYLAND

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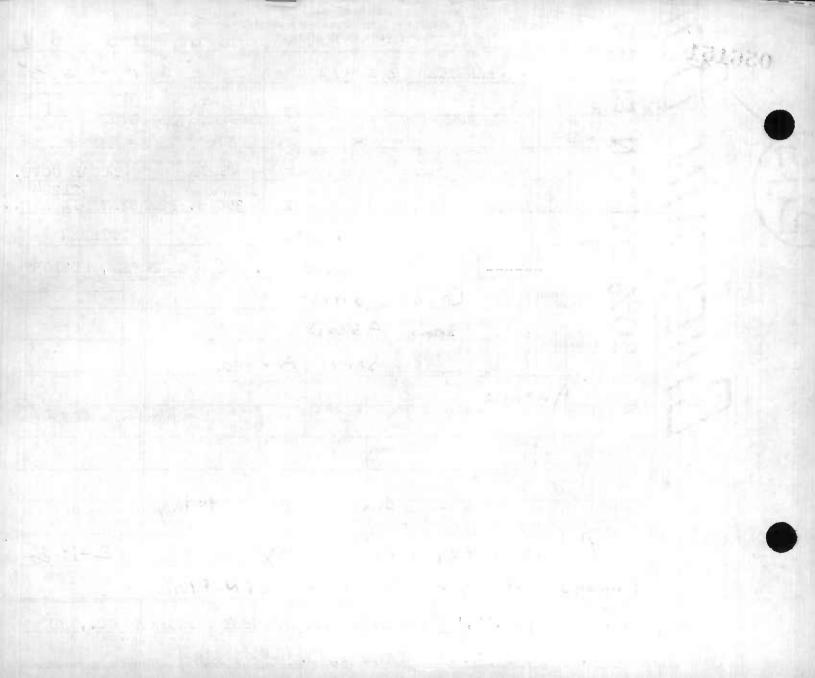
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DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR FEB.22, '86 PROSPECT

HILLCEMETERY BALTIMORE CO., 1
250. DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
BLVD. FEB 2 1 1986

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD.



Levery Or To A Derived The King Co. the second second Land of the state The state of the s

3331 Brehms Lane, Baltimore, Md.

(VRA 15, 4)



deoth certificate be executed within 24 hours after death.  ottending physician and completely filled in by the funeral nove corbangeers. Pages I and 2 should be filed within 72 hours consequently.	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be tending physician.  This certificate has been signed by the ottending physician and completely filled in by the funeral director. page 3 he buriolitransis permit. Then please remove carbon pages 3 and 2 should be filed within 72 hours of the title the please.	0	Page 4 may be Y	director, page 3
deoth certificate be executed on other days and com	The law requires that the death certificate be executed sicion.  The has been signed by the ottending physician and compart permit. Then please remove carbon papers. Pages I a	TAKILAND ZIZOI	d within 24 hours after death.	pletely filled in by the funeral nd 2 should be filed within 72 t
	The law requires that this scion.  The has been signed by the sixth permit. Then please rea	RESION 31., BALLIMORE, M	e death certificate be executed	e offending physician and commove carban papers. Pages I a

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1/- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME 76 HOUR (TYPE OR PRINT) February 11 1986 Mrs. Betty J. Masimore 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE 5 DATE OF BIRTH IF UNDER 24 MRS 3. SEX YEAR June 2 1928 Female Caucasian In BIRTHPLACE ISTATE OF FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore County Maryland DIVORCED [ WIDOWED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 5607 Piedmont Avenue Retail Stores Service. Inc. Woodlawn USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 5607 Piedmont Avenue 113d INSIDE CITY LIMITS? Woodlawn 21207 Baltimore Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST William H. Miller Margaret L. Heacock 17 INMANAHARVEY E. Masimore ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 21207 I (IF YES, GIVE WAR OR DATES) 5607 Piedmont Avenue Maryland 220-20-8268 Baltimore No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: ARCINOMA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 O CERTIFICAT 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 10s AUTOPSYT 20s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHT NOF THE HOW INJURY OCCURRED. LEWISE HATURE OF HOUSE IN TIEM 18, PART I OR PART II THE ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR AM, MONTH DAY, YEAR OR CONTRIBUTIONS [ ] CAUSE OF DEXTH MEDICAL

IN EGNER MOTES WEDSCALERAMORE 21s. PLACE OF INJURY 711 LOCATION COUNTY CITY CIE TOWN SEATE AT HOME STREET, FACTORS, OFFICE TARM TTO I Ru I certify that This hospital attended the decreased from 111 cognidative on ANU ARY four apinion death occurred on the date and hour and from the course stated DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME 22e ADDRESS

230 NAME OF CEMETERY OR CREMATORY

Lake View Memorial Park

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

DIRECTOR.

TO FUNERAL DIRECTOR should be detoched for unwith the State Dept. of He IMPORTANT: If Item 21 is

02-14-86 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

23b. DATE

230 BURIAL CREMATION, REMOVAL

(SPECIFY)

**Burial** 

Carroll Maryland

Sykesville 250 D TO REL D BY ECO DE 256 REGISTRAR'S SIGNATURE Transference of the Part of th

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completely filled in by the funeral director, page 3 1 and 2 should be filed within 72 hours ofter death

## 1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

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	REG. NO.					

	REGISTRAR				CERTII	CAIL OI DEATH	RE	G. NO.			
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13a. S	al residence (# Nurs state Maryland	136. COUN		13c. CITY OR TOW		136 INSIDE CITY LIMITS?	130.STREET ADDR			221	
PATHER'S NAME PRIST  Daniel  160 WAS DECEASED EVER IN U.S. AF			MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	116	- 1	AST	
			senh	Mattio S	r	Rose	Mile			Page	
				166 SOCIAL SECU		17 INFORMANT	A	DDRESS			
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	27a 1 certify that (1) sow the decess	2 E	wiew the body			d that in (my) (our) opinio DEGREE ATTENDING	. 10	STAFF	naur and from the	, that (I) (we) lo e causes stated E SIGNED	
230 9	Dr. M I			122. N	JAME OF C	GBMC	23d LOCATION				

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has be

2-10-1986 Burial

Most Holy Redeemer

Balto. City Maryland

E.F. Lassahn, 11750BelairRd.Kingsville, Md.21087 6 1.01936 Guiden Port

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038017 1-	FOR STATE REGISTRAR	DEPARTMENT CEF

STATE OF MARYLAND
EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	REG. NO.					

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A	and a	Male		White		June	13, 1	916	69	716	YRS	MONINS BATS	MOURS MIN.		
J		RTHPLACE (STATE OR FO	OREIGN 7	b CITIZEN OF	WHAT COUNTR	Y? 8 MARRIET	NEVER A	ARRIED C	9 BALTI	MORE CITY	OR COUNTY	OF DEATH			
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7	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NURS		R OTHER INST	ITUTION		AL OCCUPA			OF BUSINESS OR		
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9		Walter		A.		lean,Sr		Helen				Gahm			
П		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	NT		ADDI	RESS				
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1		18 CAUSE OF DEATH	1 Enter only	y ane cause per	line for (a), (b),	and ic 1	an a					BETWEEN	MATE INTERVAL ONSET AND DEATH		
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		Conditions, if any, which													
		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
		underlying couse lost. (c) ventrale any hara													
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		saw the deceased alive an										SIGNED			
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	23o. B	URIAL, CREMATION, I				c. NAME OF CI			y 23d 10	OCATION					
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	_	INERAL DIRECTOR		1-02.47		.050 You	-	75a D		BY REGISTRA	R 256 REGIS	TRAR'S SIGNA	URE		
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						- Walling	was called				1				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Ruck Towson Funeral Home, Inc.

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Buria1

24 FUNERAL DIRECTOR

Dr. Robert Stoner

236 DATE

2/26/86

231 NAME OF CEMETERY OR CREMATORY Lakeland Hill Mem. Pk.

120 Sister Pierre Drive, Towson, Md. 21204

Marble Falls Burnet Texas 21204 250 DATE RECID BY REGISTRATOR RECISTRAR'S SIGNATURE

1050 York Rd.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### FOR - STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.	

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		CEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR		
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	3. SEX	X .		4 RACE		5. DATE C		6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
	1	Female		White	е	12	18 18 90	95	YRS	MONTHS DATS	HOURS MIN.		
-		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	TY OF DEATH			
		Maryland		U:	SA	WIDOWE		Ba]	Ltimore	County	MD.		
X	10 CI	TY OR TOWN OF DE	ATH				R OTHER INSTITUTION	120 USUAL OCC			OF BUSINESS OR		
	7	Powson			terian Ho		Maryland	House	r most of working		emaking		
		AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13. STREET ADD	ORESS / ZIP COL	DE			
)	Ma	aryland		imore	ist. Cit i Ok i Ovi		YES NO				res. 21204		
-	14. FA	THER'S NAME					15. MOTHER'S MAIDEN NA						
(		Charle	s I	homas	Bevan		Mary	Re	ebecca	I A	nsey		
1		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS				
	(YES NOOB UNKNOWN) (IF YES, GIVE			(IF YES, GIVE WAR OR DATES) 218-05-6216 Leslie F. McCorkle 8710 Summ						mmit Ave	21234		
		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I, DEATH WAS CAUSED BY:											
Н	13	IMMEDIATE CAUSE (0) CARDIO - PUL. ARROS MINI											
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which (b) - ANERIOS ELENOTIC CARPIOUSE DIS-											
		gave rise to imi	1000	E STATE OF THE STATE OF									
		underlying cause	lost.	(c)_	r as a conseque					A 177	PAGE STATE		
		PART 2 OTHER SIG	NIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE O	R CONDITION G	IVEN IN PART 1	0 /		
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5	CAT	190 DATE OF OPERA	TION	196 COND	ITIEN FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	Y? 20b. IF Y	ES, WERE FINDS			
7	CERTIFICATION							YES N		YES [	NO [		
	Ü	21a. ACCIDENT WAS UN	-	110110 4	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	B PART T OR PART 2)			
7	AL	OR CONTRIBUTING		AIR	M.	19							
	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE		7816	211 LOCATION		ITY OR TOWN	COUNTY	STATE		
	£	AT WORK NOT WE	HILE	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	374667						
		22a I certify that (I)	(th <del>is hosp</del>	terh attended th		7.	- 21 - 1970	, to2	- 27	. 1986	that (I) (wa) last		
8		saw the deceas above, (1) (wer)	ed alive or	of   vie = the body		56 , or	nd that in (my) (and opinion	death accurred o	n the date and ha	our and from the	couses stated		
	5	226. SIGNATUR	1	101	1 11 0		DEGREE			111111111111111111111111111111111111111	SIGNED		
	1	LAK.	Mu	4/11	MI		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	12-	28-86		
	77	228 PHYSYCIAN'S N	AME (TYPE	OR HENTS			22e ADDRESS						
		Dr. Venab	le	(823-	3101)		7215 York #	RD. Tows	son, Md.	21204			

BP. DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

PORTANT

(VRA 15, 4)

24 FUNERAL DIRECTOR Lassahn Funetal

23b. DATE

3-3-86

23a. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

BALTO Mp. 2129

23c. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

75s. DATE REC'D. BY REGISTRAR 25s. REGISTRAR'S SIGNATURE

23d LOCATION

CITY OR TOWN

Baltimore, Maryland

FOR STATE			DEPART	MENT OF H	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 6	0	3 7	97
REGISTR	AR			CERTIF	FICATE OF DEATH	REG.	NO.	•	
1. DECEASED NA	AME FIRS	T A	AIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	Mr. J	John Henr	y McDer	mott	Sr.	Febr	uary 18 198	16	12:15 1 M
3 SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST		NDER I YEAR	IF UNDER 24 HRS
Male		Caucas	ian	Nov	rember 18 1911	74	YRS.	HS DAIS	HOURS MIN.
	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D. 15150	9 BALTIMORE CITY		DEATH	
New Yor	k	USA		WIDOWI	ED NEVER MARRIED DE DIVORCED DE	Baltimore	County		MD.
Randall		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET ORE COUNTY	IG HOME (	OR OTHER INSTITUTION	126 USUAL OCCUPA (TYPE OF WORK FOR MOS Ret—Truck	T OF WORKING LIFE)	NDUSTRY	DE BUSINESS OR
USUAL RESIDEN 130. STATE Marylar	13b C	ME OR OTHER INSTITUTION OUNTY altimore		ADMISSION)		13e STREET ADDRES 522 Nassa			21208
Unknown	T	WIDDLE	LAST		IS MOTHER'S MAIDEN NAME FIRST UNKNOWN	MIDDLE		LAS	şī .
		S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO.	IT INFMrs.NTBeverly	Simkus ADD	RESS		21208
NO OR UN	IKNOWN) (IF YE	ES, GIVE WAR OR DATES)	082-07-7697		522 Nassau S	St. Pikesville		е	Maryland
Condition gove ris couse ( underlyin PART 2. C	DEATH WAS CA IMME ns, if ony, which e to immediate oi, stating the eg couse los	DUE TO, OI  b  DUE TO, OI  C  DUE TO	PAS A CONSEQUE  RAS A CONSEQUE  DISTRIBUTING TO D  HE LAL	BRENCE OF	INOT RELATED TO THE TERM  SEUROPA  ON WAS PERFORMED	INAL DISEASE OR CC		IN PART 11	NGS USED
	ENT WAS UNDERLYIN BUTING CAUSE O NOTIFY MEDICAL EXA	DE DEATH HOUR A.	M. MONTH DA	AY YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 18 PART I	OR PART 2)	
OR CONTRI  LIFEITHER  21d INJUR  WHILE  AT WORK	NOT WHILE	218. PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC )	21f LOCATION STREET	CITY OR	town	COUNTY	STATE
220 1	for these (1) (this !	hasaital) attended the	decensed from	1	111 /50	10 01	0 10	NO	the state of the s

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the burial-transit permit. Then and Mental Hygiene prior to b

DHMH - 16 60M 7/84 (VRA 15, 4) 236 BURIAL, CREMATION, REMOVAL 236, DATE 236, NAM SPECIFI BUTIAL 2-21-86 LO

BC9H

ATTENDING PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

DEGREE

23d LOCATION
CITY OF TOWN
Woodlawn

MEDICAL STAFF
DIRECTOR PHYSICIAN

Baltimore Maryland

22c. DATE SIGNED

PUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

ot) view the body ofter death

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE EEB 2.1 1986

(our) opinion death occurred on the date and have and from the causes stated

Concession Diversor 18 1971 at 78 and 18

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Palamon Parking a Palamon Sure Palamon St. March St.

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Lorder Dyard Enterliances, Successful St. Colored St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

(VRA 15, 4)

REGISTRAR

133	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 3	799
45	ТҮР	OR PRINTS Ed	mai	L,	AIDDLE	ma	Kac	2/17/8	DAY YEAR	945 AM
ors other	3. SE	Female	4	Whit	te	S. DATE (		6 AGE (IN YEARS LASY BIRTHD.	YRS MONTHS DAT	TS HOURS MIN.
1133		RTHPLACE (STATE OR FOR		USA	WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY OR C Baltimore		MD
tiled w		Parkville		Perri	ng Parkwa	ay Nu	rsing Home	(TYPE OF WORK FOR MOST OF W Housewife	ORKING LIKEL INDUSTE	D OF BUSINESS OR
filled in hould be	laa.				134. CITY OR TOW  Balti		134 INSIDE CITY LIMITS? YES NO 4	13e STREET ADDRESS / Z 2707 Super	ior Avenu	e 21234
ompletel ond 2 s	)	Wal <sup>irst</sup>			tlove		Ethel	MIDDLE	auerhoff	LAST
S. Pages		VAS DECEASED EVER IN YES NO OR UNKNOWN)		ED FORCES?( VAR OR DATES)	213-42-		Mrs. Carol A.	. Kelly Same		
a physicis and appear emaval.		18 CAUSE OF DEATH PART I. DEATH WAS	Enter anly CAUSED I	BY:	CONGE		VE HEART	FAILURI	APPR BETWE	POXIMATE INTERVAL EN ONSET AND DEATH
by the attending ase remove carb i, cremation, ar r ather traumatic		Canditians, if any, w gave rise to immed cause (a), stating underlying cause	diate	(b)	RAS A CONSEQUE	ARN	iAl INFAR	CTION-IR		C
n signea Then plea r to burio injury, or	NOI	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CC	INTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM			
if permit.	CERTIFICATION	19a DATE OF OPERATIO	N	195 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	DE IF YES, WERE FINE CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
riol-trans ental Hyg tem 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	216 TIME OF HOUR A.M	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2	n
ther this	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		21e PLACE C	OF INJURY BET, FACTORY, OFFICE F	ARM ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
of Heals		220.1 certify that (1) (the saw the deceased abave, (1) (we) (did	alive an	1-60	19 0	26. or	, 19, 19	death occurred an the date		
detacher detacher date Depl		276. SIGNATURE	lian		Pare			MEDICAL STAFF DIRECTOR   PHYSICIAN	- 6 - 1 - 2	TE SIGNED
with the S MPORTAL		220 PHYSICIAN'S NAM		ARRI			7/2 Z	HARFOR	D Ro.	AP.
	23a F	URIAL CREMATION PE	LAVONAL	22h DATE	123, N	AME OF C	EARETEDY OR CREAMATORY	234 LOCATION		

Feb. 20,1986 Moreland Memorial

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Leonard J. Ruck Inc. Baltimore, Maryland

Baltimore Md. 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATIVE

COUNTY

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bondend . he's Ind. Dal Brown, threehad

STATE OF MARYLAND



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no. po	143	3. SE	(	1	RACE		5. DATE O	F BIRTH	YEAR	6. AGE IN YEAR		) IF UNI	DER I YEAR	IF UNDER 24 HRS
ge decto		6	Male		White		10	31	17	68		YRS		
nerol din 72 ha	25		RIHPLACE (STATE OR FO COUNTRY) Pennsylvann		LUSA	WHAT COUNTRY?	MARRIEI WIDOWE		MARRIED	BALTI	MORE	COUNT	Y	MD.
s offer d	Politing.		TY OR TOWN OF DEAT	н	(IF NOT IN SUC	HOSPITAL, NURSING THE STREET CLIN Squa	ACORESS)		STITUTION	170. USUAL OC TYPE OF WORK FO		RKING LIFE) IN	DUSTRY	asting
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ed v	200	1	James			McVeigh			Anna				Rodge	ers
s de co	dica		VAS DECEASED EVER IN		ED FORCES?	166. SOCIAL SECT	URITY NO.	17 INFORM	ANT		ADDRESS			
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6 419	the .		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	one cause per	line far (a), (b), ar	dicui						BETWEEN	MATE INTERVAL
· 新文章	- ven				CAUSE (a)	RESPIR	ATORY	ARR	EST					
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	or of		underlying cause	lost.	(c)_	SEPSIS								
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he lo on. hos per	S Coo	CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	ITION FOR WHICH	OPERATIO	WAS PERF	ORMED	200 AUTOP	SY? 201	ERTIFYING  YES	RE FINDIN CAUSES	IGS USED OF DEATH? NO
	888		210. ACCIDENT WAS UNDE		21b. TIME C		AY YEAR	21t. HOW I	NJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN	IEM 18 PART I C	OR PART 2)	
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spire of the	21		saw the deceased abave, (Y(we) (die	alive an	view the bady	after death	80_, an	d that in (54	<b>≰</b> (our) apinian	death accurred	an the date a	nd haut and	from the c	auses stated
OR PORE	Herr	63	226. SIGNATURE			1/00	(	DEGREE					PATE S	SIGNED
y the y the detacl	#					-			PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN,	<b>a</b>		
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5 후 5 축 호	≤ /		URIAL, CREMATION, R	EMOVAL	236 DATE	23c.	NAME OF C		CREMATORY	23d. LOCATI	ON			
BP			Burial	0	2-13-	-86 Du	llaney	Valle	y M.G.	CITYOR	Balti	more d	ount	y, Md.
DHMH - 16 60M	7/B4	24 FI	INERAL DIRECTOR	21	/	c. Vancal	1-1	20	25a. DA1	E REC'D. BY REC	SISTRAR 256.			
(VRA 15, 4)	18	16	Jacoanu	T-H	11/1/	9010 W	ies /	d'		CD 18	1900	- ha wa	VI does-	-Nandell

LINE DESCRIPTION OF THE PROPERTY OF THE PROPER 

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2 42 M	70 B	IRTHPLACE (STATE OR	OREIGN /	L CITIZEN OF	WHAT COUNTR	Y? B	D X NEVER MARRI	IED T	BALTIMORE CITY O	R COUNTY C	OF DEATH	
11 12	J	Pennsylvani	la	USA		WIDOWE			Baltimor	e Cour	nty	MD.
	10 €	ITY OR TOWN OF DEA	HTA		HOSPITAL, NUR		R OTHER INSTITUTION		17a USUAL OCCUPATE		12b. KIND O	OF BUSINESS OR
5 11/2	F	Randallstov	m	Balt	imore C	ounty (	Gen. Hosp.		Floor Lave		Carpe	enter
1 1 1 1 1 1	USU	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BER		13d INSIDE CITY LIA	MITS?	3e STREET ADDRESS /			
ON TO THE PROPERTY OF THE PROP		Maryland	Balt	imore	Locher	n	YES NO	X	3709 Essex		21207	7
RYL TE TO THE	A)E	ATHER'S NAME	N	AIDDLE	LAST		15 MOTHER'S MAIL	DEN NAM	E MIDDLE		LAS	51
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MORE,		WAS DECEASED EVER		WAR OR DATES	166 SOCIAL SE	CURITY NO.	17. INFORMANT		ADDRE	SS		
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BAL WELL		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only	y one couse per	r line for 101, (b),	and (cr.)					BETWEEN	IMATE INTERVAL ONSET AND DEATH
SI, of the same		PARTI. DEATH W		CAUSE (0)	CARD	MORES	PIRATOI	Ry A	PREST			
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othe other o		Conditions, if ony,		(b)_	ASPI	RATION	J PNEUM	ONL	A -		-	
V. P.		couse (a), statin	g the	DUE TO, O	R AS A CONSEC	QUENCE OF		4				
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	z	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS <u>CI</u>	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO T	HE TERMIN	VAL DISEASE OR CON	DITION GIVE	N IN PART To	0
0	₽ E	19a DATE OF OPERA	TION	19h COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20h IF YES	WERE FINDIN	NGS LISED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir t offending physicion. Wher this certificate bosen sign os the builditronsit permit. Then th and Mental Hygiene prior to b orive to herm 18 becomes	CERTIFICATION							. 19	YES NOTE	IN CERTIFY	ING CAUSES	OF DEATH?
/ITA	1 1 1	21a. ACCIDENT WAS UND	DERLYING	21b. TIME C			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR			NO []
OF V		OR CONTRIBUTING (		17	.M. MONTH	DAY YEAR						
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DIN OF SE OST		22a.1 certify that (I)		ol) ottended th	ne deceased from	m 2	- 21- 19	86	, to	-22 19	9.86	that (I) (we) lost
TITEN Pirtol For us		sow the decease above, (1) (we) (c	ed olive on_		-22 19	86.0	nd that in (my) (our)	opinion de	eath accurred on the do	ate and hour	and from the	couses stated
hospi Hospi IRECTI hed for ept. of fem 2		226 SIGNATURE	. ^	view ine body	Oner Grand	-	DEGREE				22c DATE	SIGNED
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		R	DE	FPES-	TRE		BALTI	nov	ZE COUNT	Y GE	NEDI	AL HOOV
Of of State		BURIAL, CREMATION,	REMOVAL	23b DATE	23	NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		COUNTY	
BP	E	Burial		2/26	5/86	Loudon	Park Ceme	etery	Baltimor	re	COUNTY	Maryland
DHMH - 16 60M 7/84		UNERAL DIRECTOR	-		ADDRES	s	21227		REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAJ	URE -
(VRA 15, 4)	F	Hubbard Fur	neral	Home, I	Inc., 41	.07 Will	kens Ave.	FEB	4 1986	runa wa	vidson-1	in france

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

LAST

REG. NO.

20. DATE OF DEATH MONTH

- Programme of the programme of the party of

injury, or other troumatic event, thi

MPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1986

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	1.	FOR STATE REGISTRAR			DEPART		ICATE OF DEA		ENE 8	6 REG. NO.	C	) 3 8	U	3
		CEASED NAME	FIRST	٨	VIOO! E	(	AST		20 DATE OF		ONTH	DAY YEAR	26 HOU	R
	11166	Ro	У	E		Me	ssaris		Febru	ary 1	7, 1	986	3:30	)P.M
	3 SE)	X		4 RACE		S. DATE C		YEAR	AGE (IN YE	ARS LAST BIRTH	DAY	IF UNDER 1 YEAR	IF UNDER	24 HRS
	Ma	ale		White		6 24 1934			51 YRS		MONTHS DATS	HOURS	MIN.	
0		RTHPLACE (STATE OR FO	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MAR	RRIED C	BALTIMOR	E CITY OR	COUNT	Y OF DEATH		7.1
1		w York		U.S.A.		WIDOWE			Balti	more	Coun	ty		MD.
1	10 CI	TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OR OTHER INSTITU	MOIT	120 USUAL O			12b. KIND C	F BUSINE	SS OR
		ındalk		7205 G	erman Hi	11 Ro	ad			Work		Beth	. Ste	eel
1	130 S	AL RESIDENCE (IF NURSI	NG HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY	LIMITS?	13e STREET A	DDRESS / 1	ZIP COE	DE .		
7	Ma	ryland	Bal	timore	Dundalk			O 🛣				11 Road	23	1222
2.41	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S M		E	WIDDLE		LAS		
A.	Jo	seph			Messar	is	Anna		9			Mess		
		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		3 8 1	ADDRES	5			11.35
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X	TIF					1.34	3774		YES 🗌	Мом		'ES 🗌	NO [	
7		210. ACCIDENT WAS UND	_	216 TIME O		AY YEAR	21¢ HOW INJUR	RY OCCURRE	D (ENTER NAT	URE OF INJURY	IN ITEM 18	PART I OR PART 2)		
/	CAL	(IF EITHER NOTIFY MEDIC		4111		19								
	MEDICAL	21d INJURY OCCURR		218 PLACE (	OF INJURY EET FACTORY OFFICE F	ARM ETC 1	211 LOCATION STREET			CITY OR TOW	7	COUNTY	S	TATE
	-	AT WORE AT WOR	K —					-	DI					
	16	220 I certify that the saw the decease	(this hospi	top attended the	deceased from	DANNE	iry	1985		ryare		1986	that 🔱 (v	we) lost
		above, (+) (we) (to	d olive on	f) warw, the body	Differ death.			ir) opinion de	eath accurred	on the dot	odd ho			oted
		276 SIGNATURE	1 01	1100	Collens	N	DEGREE	ENDING _	MEDICAL _	STAFF	2.5	Fe b	SIGNED	1601
_	19	22d PHYSICIAN'S NA	ME (I	(MINE)	Y	•	21 DDRESS	SICIAN	DIRECTOR		MM	Treo	101	rrok
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		UNERAL DIRECTOR DU	. J. D.			crea	neart OI		1 2 0010			timore		yland
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Dundalk, Maryland

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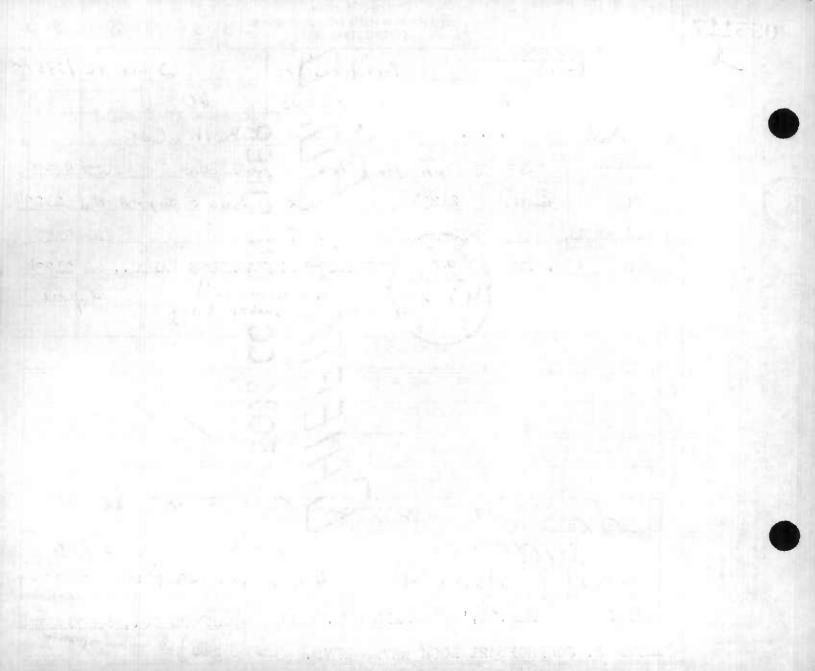
)41125	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	0 3 8 0 4
nay be page 3	(Tys)	CEASED NAME FIRST Huber		Meyer	REG. No. 20. DATE OF DEATH  February	2, 1986 6:45 M
4 55	3. SE	Male	White	NOV. 24, 1896	6 AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
nerol direction 72 hours		IRTHPLACE (STATE OR FOREIGN COUNTRY)  rsey City, N	75 CITIZEN OF WHAT COUNTR		_	re County, MD.
00		atonsville		SING HOME OR OTHER INSTITUTION FET ADDRESS)  rederick Road	Type of work for most of Food Bro	IZB. KIND OF BUSINESS OR INDUSTRY  OKER-WholesaleFood
12 P	13a.	AL RESIDENCE (IF NURSING HOME OF STATE Md 13b. COUR Bal	timore Caton		113 STREET ADDRESS	21220
1 1030		ATHER'S NAME	ank Meyer	15 MOTHER'S MAIDEN NA  Caroline	MIDDLE	Rox
Poges 1		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN	VE WAR OR DATEST	Cuci	onsville,	Md. 21229 Old Frederick R
the death certificate the attending physici remove carbanpaper emotion, or removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA'  Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEG	DUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
sew requires that is the sew requires that is the please is price to burnal, or a cary injury, or other	CERTIFICATION	PART 2. OTHER SIGNIFICANT (		O DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
SECIANI The dig physician to confliction to confliction to confliction to conflict to the secial Hygien	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH P.M.	19	YES NO	YES NO
offerform for this cand M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OF TO	OWN COUNTY STATE
HOSPITAL OR ATTENDEN und by the hospital or FUNERAL DIRECTOR, At Auld be detached for use on the State Dept. of Yealth ORETAIN, if new 21 is ma		saw the deceased alive an above, (1) (we) (did) (did no 22b SIGNATURE	Accuse m.D.  Represent	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA	
0 € 0 € 1 € ————————————————————————————		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 235/86 23	NAME OF CEMETERY OR CREMATORY  Boodlawn Cemeter	y Baltim	ore. Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	7	UNERAL DIRECTOSterl:	ing Funeral	Estate, P.A. 25a DA		25b. REGISTRAR'S SIGNATURE

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	1	Item# 16b G 61		OF MARYLAND		
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N		CEASED NAME FIRST	innost.	AST	28 DATE OF DEATH MONTH	
poge 3	1177	ANNETTE	PARE MEY	ERS	23 Feb 86	1240
moy moy	3. SE		4. RACE 5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 25 HRS
ge 4	1	Fémele	White Manie	22 15	70	RS DATS HOURS MIN.
0 12 Of	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR COU	
# 18 2 D	B	ALTIMORE	U SA WIDOWE		Baltimore	County MD
	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5 1/Q	1	1KESVILLE	3423 Graveson F	arms Rel	House with	AT HOME
no To	USU 13n	AL RESIDENCE (IF NURSING HOME CONTACTS 1136 COL	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	#21200
2 F	1	MD Ba	136. CITY OR TOWN BALTIMORE	YES NO M		423 GARRISON FARMS
orthun stelly	14, E.	ATHER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NAM	AE	RD.
a po d was	V.	Jacob M	PAUL	Sarah	D Ton	
Hicol		WAS DECEASED EVER IN U.S. A	MED FORCES? IM SOCIAL SERVICES		OS MEYERS PRESS	0
mond c	1	no lives.	2/6-18-2698	3423 GARRIS	SON FARMS RD.	BALTO., MD 21208
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W. PK by the Sse rem cremo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	nan		
D 0 0 5		underlying couse lost.	(c)	44		
uires ugner plen pl	z	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION	GIVEN IN PART 110
ow requ	E S	190 DATE OF OPERATION	1% CONDITION FOR WHICH OPERATIO	NI WAS DEDECTRATED	20a AUTOPSY? 20b II	F YES, WERE FINDINGS USED
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O PHYSICIAN: The low other ding physicion.  er this certificote has be sithe buriol-transit permit and Mental Hygiene pri kedar frem 18 shows an	ERT	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	YES NO
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VISIO orth orth kedy	ME	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
or o			of) oftended the deceased from 5 D		10 23 Feb	19 8 6 , that (1) (mc) lost
TTEN TTEN TOR for u		sow the deceased alive a	of) ottended the deceased from 5 V 23 Feb 19 FU, or view the bady after death.	d that in (my) (our) opinion of	leath occurred an the date and	d hour and fram the causes stated
OR AT OR AT DIREC oched to Dept. of If Item if		226 SIGNATURE		DEGREE		221. DATE SIGNED
AL DAL D		Stuart 19	Bragh MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	23 Feb 86
HOSPIT med by wild be on the Stern Contraint of the Stern Contraint	1	224 PHYSICIAN'S NAME (TYPE		27e ADDRESS 302	Green Spr	ing STATION
		STUART +	BRAGER MD	LUTHERVILL	E, MD	21093
5 5 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	23a	BURIAL, CREMATION, REMOVA		EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		BURIAL	FEB.25,1986 CHIZUK	AMUNO	BALTIMORE	MARYLAND
DHMH - 16 50M 4/B3	24 F	UNERAL DIRECTOR SOL I	EVINSON & BROS., INC.	250. DATE		GISTRAR'S SIGNATURE
(VRA 15, 4)	6			1215	EB 28 1986 9	

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C. D. D. L.			REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	7
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fter p		3 SEX		4 RACE	S. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
recto urs o	-		MALE	WHITE	7 /3 25		rRS
h. Po of di	20		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COL	JNTY OF DEATH
death	22		Md.	U.S.A.	WIDOWED DIVORCED	Bulti,	O MD.
he f	100	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET)</li> </ol>	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
by t	20		TOWSON	ST. Joseph	Hospital	SALESMAN	FURNITURE
d be	-		AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE
Political Control				134 CHTY OR TOY 2123		2600 E Ju	ppA Rd. 21234
S S S S S S S S S S S S S S S S S S S	100	14 FA		MIDDLE LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST
	30		ALEXANDER	MICHAE			IMPARATO
e execu	1		ES NO OR UNKNOWN)   (IF YES, GIV	MED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
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icate b hysicio popers. ovol.			18 CAUSE OF DEATH LEnter on	ly one cause per line fat at, (b), at D BY:	ALT. Com	1100 200	BETWEEN ONSET AND DEATH
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4 600				DUE TO, OR AS A CONSECU	Bullinoms (2 Lo	nother carry	
the death the attend remove ca emotion, o			Conditions, if ony, which gave rise to immediate	( ib)			
			cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
thot thot d by the lease in ol, cre				((c)			
uires signe en p		z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 110
8 25 5		CERTIFICATION	19a DATE OF OPERATION	Time compliant con water	OPERATION WAS REPORTED	Les AUTORENS La	IF VEG. WIEDE EINIDINGS VOTE
d a mig		FICA	ING DATE OF OPERATION	TYB CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
The The Sirt Sirt Sirt Sirt Sirt Sirt Sirt Sirt		ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214 HOW IN HIPV OCCU	YES NO	YES NO
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IYSIC1A ding pl is certif buriol-t Mentol	/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	21f LOCATION		
3 PHY ittending or this the bu		MEC	WHILE I NOT WHILE I	TAT HOME STREET FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
After os to		31			10 80	7_ 10	56
FEN TO SE TO			the deceased sive an	tal) attended the deceased from	-97	death accurred on the date on	d hour and from the causes stated
RECT RECT RECT Pept of			obave (it her four did no	dy after death.	DEGREE	- de la constantina della cons	
0 . 0 00 -			HAVI	1401113N	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
by by ERA			22d PHYSICIAN SNAME TIPPEO	R PRINT)	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSICIAN	
TO HOSE retained TO FUN should b with the			Rubert 1	= Stoner 1	10 Suit 50	120 hoter 1	Pierre Az 21204
TO HOSPITAL (retained by the TO FUNERAL Is should be deta with the State I.)	-	23n P	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP.			BURIAL		ELAIR MEM. GARD	CITY OR LOWN	COUNTY STATE
			INERAL DIRECTOR				CO. MARYLAND
DHMH - 16 60M 7/ (VRA 15, 4)	/B4	WI	LLIAM E. JOHN	NSON8521 LOCH	RAVEN BLVD FI	ED 1 9 1986 J	EGISTRAR'S SIGNATURE



DIVISION OF VITAL

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 3 8	) U Q
	T DEC	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR	2b HOUR
me /	TYPE	OR PRINT)		14 . 2 2	The second secon		/
20		Evely		Miller	February	- /	11:54%
-	J. SEX	Female	White	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
0				Sept. 11,1915		YRS.	
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR		
157	Ba	l'timore, Md.	U. S. A.	WIDOWED   DIVORCED	Baltimore	County.	MD
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
69	Kar	ndallstown	Baltimore Co	ounty General Ho	SpSecret	ORKING LIFET INDUSTRY	Suppli
(地方)		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFO	DRE ADMISSION)			
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1831	)	Timothy	M. Hurley	Lillie	K . MIDDLE	Schen	AST
-	I for W	VAS DECEASED EVER IN U.S. AR		CURITY NO 17 INFORMANT WAS	dlawn, ADDRESS	DCITE!	nunca.
Poges			VE WAR OR DATES) 212-03	OSST Tasanh C	alawn,	Ma. 2120	07.
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emovol.		18 CAUSE OF DEATH Enter of	nly one couse pet the for to the	indicate the land	1	BETWEEN	XIMATE INTERVAL NONSET AND DEATH
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2 0 2		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	Dulmmey Orred 1	Scaleto melli	uo l	
mation, ar		Conditions, if any, which gove rise to immediate	(b) Cardlef	sulminery orled to	Xiallo Milli	tuo	
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riol, crem or other		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	Duckmoney Orled 1			
riol, crem or other	N	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	sulminery orled to			10
or to buriol, crem	ATION	gove rise to immediate cause (a), storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEO	DICKMINING CIRCA TO UENCE OF DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	
or other	FICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	Duckmoney Orled 1	MINAL DISEASE OR CONDIT	ION GIVEN IN PART I Ob. IF YES, WERE FIND N CERTIFYING CAUSE	INGS USED
nows only injury, or other	RTIFICATION	gove rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION	DUE TO, OR AS A CONSEO (c)  CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 21  YES \( \) NO \( \)	ION GIVEN IN PART I  OB. IF YES, WERE FIND  N CERTIFYING CAUSE  YES	INGS USED S OF DEATH?
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or them 18 shown injury, or other		gove rise to immediate couse (o), storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this hasp saw the deceased alive or above. (1) (we) (did (did not obove. (1)) (we) (did) (did not	DUE TO, OR AS A CONSECU-  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHICH  19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	DEATH BUT NOT RELATED TO THE TERM TH OPERATION WAS PERFORMED  DAY YEAR 19 211. LOCATION STREET  19 210. and that in (my) (our) opinion	206 AUTOPSY?  YES NO CITY OR TOWN	OD. IF YES, WERE FIND N CERTIFYING CAUSE YES (COUNTY) COUNTY OND HOUSE ON THE MISSING COUNTY OND HOUSE ON THE MISSING COUNTY	INGS USED SOF DEATH? NO STATE , that (It (we) lose couses stated
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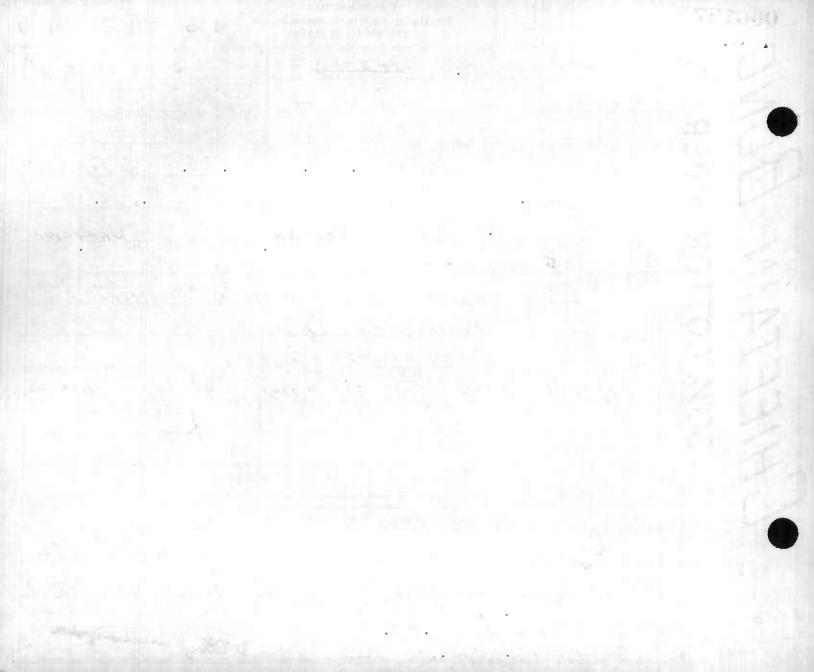
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı		REGISTRAR		CERTIFICATE OF	DEATH	REG. NO	)			
١		CEASED NAME FIRST	WIDDLE	£AST				DAY YEAR	2b. HOU	R
1	{ I YPE	George	e Henry	Miller		February	24	1986	12.	312
	3. SE)		4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	[HDAY]	IF UNDER 1 YEAR		
	631	Male	Caucasian	March 2	5.1907	78	YRS.	MUNIHS DAYS	HOURS	MIN.
ø	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTE			9 BALTIMORE CITY O	R COUNTY			
)		Maryland	USA		DIVORCED [	Baltimo	re Co	ounty		MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		STITUTION	120 USUAL OCCUPATION			OF BUSINE	SSOR
1		Baltimore		Square Hosp	ital	Clerk	, working th	B &	O R.	R.
0	MSU A	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		13e STREET ADDRESS	ZIP CODE			
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ļ	14 FA	THER'S NAME	MIDDLE LAST	15. MOTHE	R'S MAIDEN NAM	AE MIDOLE	14/25		AST	
1	1	Charles	E. N	Miller	Anna			Wet	jer	- 11-
		VAS DECEASED EVER IN U.S. AR				ADDRE			2.7-	
		no	705-05	5-2614 Eliz	abeth	Miller (w	ite)			
1		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b),	and (CV)			N. Se	BETWEEN	XIMATE INTER	DEATH
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		Conditions, if any, which	( (b) Thron	nboembolus						
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	OUENCE OF						
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		(Mont)	Plus us:							
	23a B	SURIAL, CREMATION, REMOVAL	The second secon	NAME OF CEMETERY OF	RCREMATORY	236 LOCATION				
		Buria1	1//	Dulaney Va		Baltin	nore	COUNTY	M	d.
	24 FL		nek Funeral			REC'D. BY REGISTRAR		RAR'S SIGNA	TURE	
			ek runeration		-	E826 1984		Jundan		مالالم

9705 Belair Rd., Balto. Md. 21236

DHMH - 16 60M 7/84 (VRA 15, 4)



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# - STATE REGISTRAR 1 DECEASED NAME

John

(TYPE OR PRINT)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

Miller

5 DATE OF BIRTH

WIDDLE

Purnell

4 RACE

(2)	6	0	7	Z.
0	0	U	3	C

26 HOUR

2:20 PM

20 DATE OF DEATH MONTH

Feb. 10, 1986

6 AGE (IN YEARS LAST BIRTHDAY)

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	ALOR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 point attraction of the haspital or attending physician.	AL DIRECTOR: After this certificate has been signed by the ottending physician to a certification of the first of certification of the company of the control of the certification of the control of the certification of t
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	AL OR ATTENDING PHYSICIAN: The late hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the ottending physici elached for use as the busiol-transit permit. Then please remove carbon paper to Dept. of Health and Mental Hygiene prior to busiol, cremotion, or removal.
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	AL O	etoch te De

3 S	SEX	4 RACE	5 DATE OF BIRTH		6 AGE IN YEARS LAST BIRTH			UNDER 24 HRS	
V	Male	White	February	27,1900	85	YRS.	5 DAYS H	OURS MIN.	
2	BIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNTRY?	USA   MARRIED   NEVER MARRIED			Balto. County			
5	Towson	St. Joseph H	ospital	NSTITUTION	126 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE)  R.C.A. Engineering Technicia				
	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW	N 13d INSID	E CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 7808 Ardmore Road 21234				
1	FATHER'S NAME  FIRST  John	Purnell Mill	15 MOTH	ER'S MAIDEN NAM	WIDDLE	ne_noau	LAST		
16a	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECU 139-05-5		Elise S	ADDRES	me			
	PART I DEATH WAS CAUSI	nly one couse per line for (a), (b), on ED BY: TE CAUSE (a)		aled	myond.		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH	
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	sow the deceased alive or above, (I) (we) (did ) did no	oital) attended the deceased from 19 19 view the body after death.	ond that in (n	my) (our) opinion o	, to on the dot				
	226 PHYSICIAN'S NAME (TYPE	k. Joslo	DEGREE 122e ADDI		MEDICAL STAFF		2/11	18C	
	Benjamin K.	Yorkoff MD	7600	Osler D	rive Towson	n, Maryl	and		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		udon Park		23d LOCATION CITY OR TOWN  Baltimore		Mary!		
	Leonard J. Rucl	k Inc. Baltimore,	Maryland	FE	B 1 4 1986	Julia David			

DHMH - 16 60M 7/84 (VRA 15, 4)

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Lucarrel J. Burst Tec. Baltimore, Margeland

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03,7000			FIRST	٨	AIDDLE	L	AST	2a DATE C	F DE ATH	AONTH DAY	YEAR	26 HOUR
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moy be	3 SE			RACE		5 DATE O	F BIRTH		YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
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od to be	7a Bi	RTHPLACE (STATE OR FOR	EIGN 76	76 CITIZEN OF WHAT COUNTRY? 8		Y2 8	NEVER MARRIED	9 BALTIMO	ORE CITY OR		FDEATH	
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er de fr	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH			SING HOME O	ROTHER INSTITUTION	120 USUAL	OCCUPATIO	N	12b. KIND O	F BUSINESS OR
S of		BALTIMORE .			H FACILITY, GIVE STREET ADDRESS) AN NURSING HOME		HOUS	RK FOR MOST OF	WORKING LIFE)	AT H	OME	
one a se		AL RESIDENCE (IF NURSING	HOME OR OTH	ER INSTITUTION			AND MICHEL CITY III.			710 0000		
Suld Suld		MARYLAND	BALTI	MORE	13c. CITY OR TO BALT	IMORE	13d. INSIDE CITY LIMITS?		ADDRESS / WILKI		. #2	1227
4 35	14 FA	THER'S NAME					15 MOTHER'S MAIDEN N.					1227
3 P	MAX			SOLOMON		BESS	IE	MIDDLE		EPSTEIN		
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B Po e	(1	NO OR UNKNOWN)	IF YES GIVE WA	AR OR DATES)	051-18-6637   HERMAN MILOVI			VITZ 2	4F STO	CKMILL	RD. 2	1208
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The sid by sid bow how	RTIF							YES 🗌	NON	YES		NO 🗌
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SICIA ng pl certif mal:t ental tem	CAL	(IF EITHER NOTIFY MEDICAL		P./	M.	19						
PHY this of M	MEDICAL	21d. INJURY OCCURRED		21e. PLACE (	OF INJURY	E, FARM, ETC )	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
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OR both		776 SUSNATURE	00	X	0.~	Chel	ATTENDING .	MEDICAL	STAFF		27. DATE	SIGNED
RAL detector		James	XU.	Jose	alle	· 1000	PHYSICIAN	DIRECTOR	PHYSICI	AN D	2-1	0.20
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		SPECIFY)		36 DATE			EMETERY OR CREMATORY	23d LOC	ATION Y OR TOWN	,	COUNTY	STATE
BP		EMOVAL/BURI		2/11/80			DAH CEM		<b>IDGEWOO</b>	OD	NEW	YORK
DHMH - 16 60M 7/B4	24. FL	INERAL DIRECTOR	SOL LE	EVINSO	V & BROS	S., INC.	250 DA	TERECD BY	1986 2	SE REGISTRA	B'S SUGNAY	URE .
(VRA 15, 4)	6	010 REISTER	MUNT	IN RD BALTIMORE MARVIAND 21215								

STATE OF MARYLAND

\*

WM.C.MARCH F/H INC. 1101 E.NORTH AVE.

STATE OF MARYLAND

Eilm G613 item DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Film G613 item 2a

(VRA 15, 4)



The same

FOR

I DECEASED NAME

REGISTRAR

DR.

- STATE

TYPE OR PRINTS

3. SEX

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

MORGAN

MONTH

MIDDLE

H.

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1		Canada		US	SA	WIDOWE		DRCED	Baltimore	
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3	13a S	AL RESIDENCE 1# NURS STATE MD	136 COUNT	THER INSTITUTION Y	GIVE RESIDENCE BE 130. CITY OR T Balto	OWN	136 INSIDE CIT	Y LIMITS?	3601 Gr	s / ZIP CI
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h		VAS DECEASED EVER		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMAN	I	ADD	RESS
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		PART I. DEATH W  Conditions, if ony, gove rise to imm couse tol, stofin underlying couse	MAS CAUSED  IMMEDIATE  which nediate g the	DUE TO, OI	R AS A CONSE	DUENCE OF	C	PANC	<u>ee</u>	
2	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED T		200 AUTOPSY?  YES NO	20b. IF
9	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEATH	21b. TIME O HOUR A P./	M. MONTH M.	DAY YEAR 19	21c HOW INJU		D (ENTER NATURE OF IN	IJURY IN ITEM
	ME		IILE 🗆		EET, FACTORY, OFF	CE, FARM ETC )	STREET		CITY OR	10WN
		270. I certify that (ly (this hospical) attended the deceased from Chrunky 19 19 10 to Christian 20 sow the direction of the date and above. (time) (slid) did not view the body liter death.  27b. SIGNATURE  ATTENDING MEDICAL STAFF								
1	-31	22d PHYSICIAN'S NA	ME (TYPE OR		2-000		22e ADDRESS	C+011	a Maris He	
		Kenda	11 R.	Faulkn	er, M.D		2300 D		Valley Ro	-
	1	SURIAL, CREMATION, SPECIFY) Crematio		23b. DATE 2/25/	86	Green	Mount	EMATORY	23d LOCATION CHYOR TOWN Balto	٠,
34	24 FL	JNERAL DIRECTOR		Henry	ADDRE	55	& Sons	25a. DATE	REC D. BY REC 514	學學
	49	905 York	Road	Balto	. , MD	2121	2	1 + 1	R SO BO	90

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

NTY OF DEATH

County

12b. KIND OF BUSINESS OR INDUSTRY

JHH Medical School

LAST

21218

ve

Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

GIVEN IN PART 110

YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES [ NO F 18 PART 1 OR PART 2)

COUNTY STATE

221 DATE SIGNED

hour and from the couses stated

Towson, MD 21204

COUNTY

DHMH - 16 60M 7/1 (VRA 15, 4)

BP.

		NA SALITE U	
	11	White	C l
		AEU	
6 M H H V		- Markeys	
est Cenve : 111	a de la	E∌lta.	
ev, o . ,	rener	racco / elac-l	bordf
tella Monat,	Mer, Maro	WALIT LEG SO 6505	geV

Green Mount Hom W. Johns & Bons 

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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completel

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BUSINESS OR

REGISTRAR		REG. NO.	0 0 1					
T DECEASED NAME FIRST (TYPE OR PRINT) Catherin	ne Margaret		1ca	February 14 1986	11			
3 SEX Female	4. RACE Caucasian	5 DATE C	OF BIRTH		UNDER LYEAR IF UNDER 2			
Washington D.C.	76 CITIZEN OF WHAT COL	MARRIE WIDOWE		Baltimore County  Baltimore County				
Randallstown	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GP  Paltimore Count	VE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126 KIND OF BUSINES			
Maryland Baltin	NTY 13t. CITY C	CE BEFORE ADMISSION) OR TOWN EATM	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 3604 Cedar Drive	21207			
14 FATHER'S NAME Clarence Howard Ludw		AST	Gennie Mae UN	WIDDIE	LAST			
NO WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!	AL SECURITY NO 12-7224	17 MrorArthur E. 3604 Cedar Dr		21207 Marylan			
18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per line for 101, ED BY: ATE CAUSE (0)	ARDIO	pulmo	NARY ARRES	APPROXIMATE INTERV BETWEEN ONSET AND D			
Conditions, it ony, which (b) METABOLIC DERANGEMENTS								
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A COL	2 O MI	L RENI	AL FAILURE				
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  CONGESTIVE HEAPT FAILURE								

206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE, FARM, ETC.) NOT WHILE

211. LOCATION

220. I certify that () (this hospital) attended the deceased for obove, (1) (we) (did) (did not: view body ofter death

or) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

YES T

COUNTY

ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED 86

NO [

STATE

22e ADDRESS BCGt

23e BURIAL, CREMATION, REMOVAL 236 DATE

23c NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

DEGREE

23d LOCATION Woodlawn

Baltimore Maryland

2/17/86 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

who Davidson Handall

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detor

MPORTANT:

CERTIFICA

Burial

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BP

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	of Lineacon	Cathgodi	are founty Denard.	mittier)	a conflictor
01807	3001 Oadhe Pelve		footens.	010111/06	bunkguid
				great bases	
1981S 88 Cent 1	2		2124014515		

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

062082 STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE page 3 er death

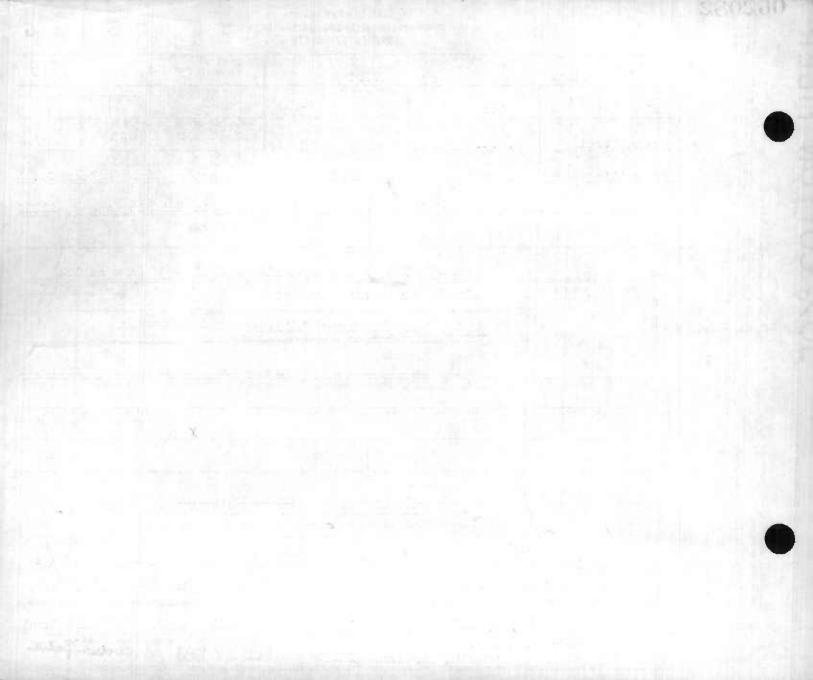
		REGISTRAR				CERTI	FICALE OF	DEATH	REG. N	0.		1
2		CEASED NAME	FIRST	FIRST MIDDLE			LAST		20 DATE OF DEATH		AY YEAR	26 HOUR
5	Steve			Mor	skal		Febuary	24,	1986	7:20 a		
	3. SE)		LEVE	4 RACE			OF BIRTH		6 AGE LIN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
						MONT		YEAR		187.0	ONTHS DAYS	HOURS MIN.
		ale		White		3	4	1906	79	YRS		
1		RTHPLACE (STATE OR)	FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	ED NEVER	MARRIED T	9 BALTIMORE CITY C			
-		ennsylvani	а	U.S.A	34. 1	WIDOW		IVORCED 🔀	Baltimor	e cot	шту	MD.
1		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NI	URSING HOME		TITUTION	120 USUAL OCCUPAT			F BUSINESS OR
1	D.	00001110		and the second second		street address) uare Hos	enital		Box Factor			on Co.
20		OSSVILLE	SING HOME OF						DOX FACEO	Y WOLF	Mers	on co.
L		TATE	13b COU	VIY	13c. CITY OR	TOWN	134 INSIDE		13e.STREET ADDRESS			
-		aryland	Balt	imore	Dund	alk	YES 🗌	NO X	7868 St. E	Bridget	Lane	21222
2	M FA	THER'S NAME		MIDDLE	ŧ AS	T.	15 MOTHER	S MAIDEN NA	ME		LAS	ī
20	D	imitro			Mosk		M	arv	modec		Sen	
,	160 V	VAS DECEASED EVER				SECURITY NO.	17 INFORM		ADDR	SS		
		ES NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	206 0	7 4514	7,000	Cathoni	wa Magleal	C-		120
-	N		<u> </u>			7-4514			ne Moskal	50		13e
		18 CAUSE OF DEAT PART I. DEATH W	H Enter a	nly one cause per	ardid	Spul Imor	narv a	rrest			BETWEEN	IMATE INTERVAL ONSET AND DEATH
		TAKI I. DEAIII W		TE CAUSE (a)		op wamo.						
				DUE TO O	DAS A CONS	EOUENICE OF		e-21-				
		Conditions, if any	which	1 000 10,0	Cute	respi	ratory	railu	ire			
		gave rise to imi	mediate	) (0)								
		cause (a), statir underlying cause		DUE TO, OI	R AS A CONS	SEQUENCE OF						
				(c)								
	7	PART 2 OTHER SIGN	NIFICANT	CONDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BU	T NOT RELATE	O TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	α
	ō											
7	CAI	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATION	ON WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDING	
-	TIE	0.000							YES NOW YES N			NO [
1	CERTIFICATION	21a. ACCIDENT WAS UNI	DERLYING T					NJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
1		OR CONTRIBUTING		A I II		H DAY YEAR						
	Ž.	(IF EITHER NOTIFY MEDI				19		6.1				
	MEDICAL	21d INJURY OCCUR		21e PLACE (		FFICE, FARM, ETC.)	211 LOCATI		CITY OR TO	NW	COUNTY	STATE
		AT WORK NOT WE	ORK			Fohnor	20			-04-	-00	
	100	220.1 certify that (1)	(this hosp	ital) ottended th	e deceased f	Febuar	ry 20	19 00	rebuary	24	9 00	that 🏈 (we) last
		220.1 certify that (1) saw the deceas	ed olive ar	rebuai	y 24	19 86	and that in (	) (our) opinian	death occurred on the d	ote and hour	and from the	causes stated
	2.3	22% SIGNATURE	ara raje	view the body	after death.		DEGREE				22c DATE	SIGNED #
		Sun		Van	non.	m	-	ATTENDING _	_ MEDICAL STA		2/	211/0
1	- (	M. PHYSICIAN'S N	m	1 8000	1007	1 ///!	In Appen	PHYSICIAN [	DIRECTOR PHYSIC	CIAN LA	Toll	77/00
1				son, M.	D		9000		alin Squar	o Dai	770	1997
		D,GGGII .		JOIL, IVI.		1-3-3	2000	rrank	TIH bquar	e DL1	ve, 2	1231
		URIAL, CREMATION,	REMOVAL	23b. DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATION			
	B	urial		2/27/	1986	Holly 1	Hill		White Ma	rsh	COUNTY	laryland
		INERAL DIRECTOR D	T			-1011		250. DAT	E REC'D. BY REGISTRAR	25h PEGISTE	AP'S SIGNAS	18054
1					MDD	RESS	7 2122	1	FB 2.7 1000	Culia	Davidson	_Pandell
	7	922 Wise A	venue	Dune	dalk,	Marylan	d 2122	2	FD D 1 1900	10		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR

that it is that the for use as the burial-transit permit. Then please remove or the first Dept. of Health and Mental Hygrene prior to burial, cremation,



051085	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH / CERTIFICATE		ENE 8 6	0 3	3 8 !	1
moy be	1 DE (TYPE	CEASED NAME FIRST OR PRINT) CATHER	ine P.	Muelle S. DATE OF BIRTH	~	20. DATE OF DEATH	MONTH DAY  2 /3  THDAY) IF UNI		PMM ER 24 HRS
Page 4 and director, hours off		Female. RTHPLACE ISTATE OR FOREIGN	White	NIBAS I	YEAR 4 12	9 BALTIMORE-CUTY O	YRS MONTH		MIN
he funeral	-1	Chigan ITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NOT IN SUCH FACILITY, GM	WIDOWED NURSING HOME OR OTHER	DIVORCED [	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		N KIND OF BUSIN	MD.
hours of the hours	105U	AL RESIDENCE (IF NURSING HOME OF	Spring Grove	Hospital Cer		Bookkeepe		Stranton	
ed within 24	11,51	THER'S NAME PRIST	MODEL FOR EL ha	ge, Park YES D	,	4812	Colleget	tve, a	0740
be execute on and col	160 \	No	E WAR OR DATES) 388-	-05-1122-14 Dei	DRMANT	ADDR		<del> </del>	20740
ng physici bon popel removol.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	TE CAUSE (o)CARP	10 KESTIKII		RREST		APPROXIMATE INTO	ERVAL ID DEATH
that the deoth co d by the attendin ease remove corb ol, cremotion, or in		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON	MONARY OF MONARY OF ISEQUENCE OF CHRDIAL	INFARCT				
requires en signe Then pl or to buri	NOI	METASTATIO	- LUNG C	ARCINOMA	J HEMIP	LEGIA			
The low in cron. cron. e hos bee sit permit giene prio	CERTIFICATION	1% DATE OF OPERATION		WHICH OPERATION WAS P		YES NO	YES [	RE FINDINGS USE CAUSES OF DEA NO	ATH?
G PHYSICIAN. Total physicial properties of this certificate the buriol-trons ond Mental Hygical feed or them 18 ships of them	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  214 INJURY OCCURRED	HOUR A.M. MONT	H DAY YEAR 19		ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 C	R PART 2)	
DING PHYSKCIAN. The or ottending physicio. After this certificate he os the bund-transit oith and Mental Hygies marked or them 18 std.	MED	WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 5	CATION	CITY OR TO			STATE
on ATEND e hospitol o DIRECTOR., sched for use Dept. of Hea		220.1 certify that Machine haspi sow the deceased alive an abave, Ma(we) (did) (did no 22b SIGNATURE	A A	19 86 and that in	1 (my (our) opinion d	eath occurred on the d	ate and hour and	from the couses so	toted
ITAL by th RAL deto store		Gelta 220. PHYSICIAN'S NAME (TYPE O	Roya		ATTENDING PHYSICIAN D	MEDICAL STA	IAN X	2.13.	8-6
TO HOSP retained I TO FUNE should be with the S	730 E	GEETHA.	RAJA 123h DATE		5 Spring G	rove Rd. C	attonsvi	11e, Md.	2122
BP	(	Burial	2/15/86	Fort Lincoln	n Cemetery	Brentwoo		. Mar	yland
DHMH-16 20M (VRA 15, 4) 7/78		remates Gasch's 739 Baltimore A				REC'D. BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	K

STATE OF MARYLAND



	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND I
- STATE	CERTIFICATE OF D

AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	0	3	8	
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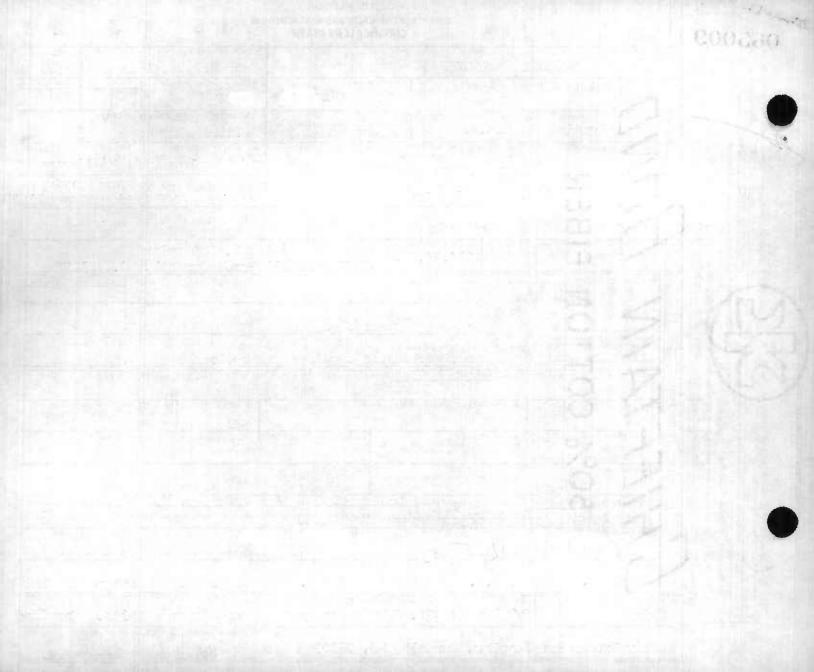
40		REGISTRAR				CERTIF	ICAIL OI	PLATII	REG. N	0.	-	
		CEASED NAME	FIRST		NIDDLE		AST		26 DATE OF DEATH		DAY YEAR	26 HOUR
			Jack	(	Mu	llennex	(		February	2, 19	86	10:00
	3. SE	ÄALE		* CAUCAS	CIVI	5. DATE C		25.10	6. AGE (IN YEARS LAST BI	THDAY}	# UNDER I YEAR	IF UNDER 24 H
11	IA	MALE		CAUCA	OTAM	MONTH	23	28	57	YRS.	MOIVING DATS	TOOKS M
15		RTHPLACE   STATE OR		76 CITIZEN OF V	WHAT COUNTRY	Y? 8	TO DIEVED	MARRIED -	9. BALTIMORE CITY		Y OF DEATH	
	We	st Virgi	inia	USA		WIDOWE		NORCED	Baltimo	re Co	unty	
		ITY OR TOWN OF DE		11. NAME OF H					17a USUAL OCCUPAT		126 KIND O	OF BUSINESS
	Ro	ssville		Frank	lin Sq	aure I	Hospi	tal	Sheet Me	tal	Manu	factu
	13a S	AL RESIDENCE IN NUR STATE Aryland		timore	Balti		13d. INSIDE	NO E	130 STREET ADDRESS	czip cor	fe Rd.	2122
80/	14. FA	ATHER'S NAME	100	MIDDLE	LASTAT	. 7 7		S MAIDEN NAM	MIDDLE .		TATA	\S1
· SU		Fred			IVI	ullen	nex	Tosie			wa	rner
dico		VAS DECEASED EVER			166 SOCIAL SE		17 INFORM		ADDR		A 7 •	-C- D
me		YES YES KNOWN	. WW	E WY T DATES)	232 3	0 9192	Shi	crea Mr	ıllennex	9.TO .	Arneli	lie K
the		18 CAUSE OF DEAT	TH (Enter on	ly one couse per l						U	APPRO: BETWEEN	XIMATE INTERVAL
o burial, cremation, ar remay ury, ar other traumatic event N	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiopulmonary Arrest											
		A CONTRACTOR				NIENICE OF		1 1			AL BOLD	
		Conditions, if ony, which ( (b) Stage III Bronchogenic Carcinoma with										
		gove rise to immediate Motastasis										
	183	couse (0), stati underlying cause		DUE TO, OR	AS A CONSEC	DUENCE OF	110	. cus cus i	3			
				(c)								
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
ny in	CERTIFICATION	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERF	DRAFD	20a AUTOPSY?	20h IF YE	ES, WERE FIND	INGS LISED
Son	FIC	THE DATE OF CREAT		178 CONDI	HON TOK WIN	CHOLKANO	W WAS LEKE	JK/V(CD		IN CERT	IFYING CAUSE	S OF DEATH?
oks -	E	71a ACCIDENT WAS UN	IDEBLAINE E	7 216 TIME OF	E INT HIDV	0.00	Tale HOW I	LILIBY OCCUPE	YES NO NO		ES []	NO 🗌
with the State Dept of Health and Mental Hy MPORTANT: If Hem 21 is marked or Hem 18.  MEDICAL CE		OR CONTRIBUTING	_	110110 4 4	M. MONTH	DAY YEAR	ZIL. HOW I	NJURT OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 7)	
	CA	(IF EITHER NOTIFY MED				19						
	AED AED	21d INJURY OCCUR		21e PLACE C	OF INJURY BET, FACTORY, OFFICE	E. FARM ETC )	21f LOCAT		CITY OR TO	)WN	COUNTY	STATI
	~	AT WORK NOT W	ORK									
	1	22s. I certify that (I	) (this hospi	tol) ottended the	deceased from	, Februa	iry Z	86	. 10 Februar		1986	, that (1) (we)
	10	sow the deceo	sed olive on	February	y 2 19	_86 or	nd that in (my	) (our) opinion d	eath occurred on the d	ate and ho	our and from the	causes state
	- 3	226 SIGNATURE	1	-A	arrer deom		DEGREE	-		475	22c. DATE	EŞIGNED
		Faul	2	& down	rail 4	up		ATTENDING	MEDICAL STA		1 3	12/9/
		774 PHYSICIAN'S N	AME ITYPE C	OR PRINT)	1.	7	22e ADDRE	PHYSICIAN [	DIRECTOR   PHYSIC	IAN	0/	0116
	27	Paul S			/		anna	Frankli.	n Courses D	. 01	007	
¥-			Tadowa	ty, II. U.			3000	Hallkill	n Square D	r. 21	231	
1	23a. E				. [23	E NAME OF C			1734 LOCATION	r. 21	231	
1		BURIAL, CREMATION			101	a	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
-	I	BURIAL, CREMATION Burial			101	a	EMETERY OR	CREMATORY Faith	23d LOCATION CITY OR TOWN Ba7 to	В	alto.	Ma
1/83	I	BURIAL, CREMATION			101	Garden	EMETERY OR	CREMATORY Faith	23d. LOCATION CITY OR TOWN	B 256. REGIS	alto.	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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		1	FOR				DEPART	STA		MARYLAI		HYGIEN	IE .						
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03	1001		CEASED NAME	FIRST			WIDDLE		-	LAST			20 DATE	KNOWN		ONTH	DAY	YEAR	2b; HOU
	Many 2	(In	M.O4 Penil)	Mar	k		Joe	eph	1	Muller			OF	ESTI- MATED		2/	4/	<sub>9</sub> 86	
	ASES A	1 SE	×	4-RACE		TE OF BIRTH	YEAR	6. AGE (IN	YEARS IF U	NDER 1 YR.	IF UNDE	R 24 HRS	2c. DAT		M	ONTH	DAY	YEAR	24 HQU
	ON STREET	Ma	THE RESERVE	White	Oct	.8,192	29		YRS.	THS DAYS	HOURS	MIN	PRONOU DE A			2/	6/	19 86	P /
-	SA SES	TO CHIEF	IRTHFLACE (SE MESSA COUNTRY)		7b. CI	TIZEN OF WI		NTRY?	8 MARE	RIED   NE	EVER MARE	RIED 🗌	9 BALTI	MORE CIT	YORC	OUNTY	OF DI	ATH	
•	AND		altimore	District Control		USZ			WIDO			CED X	Balt	imor	e Co	ount	У,		MI
	SHA SHOW	1	ITY OR TOWN O		( IF	AME OF HOS	CILITY, GIVE	STREET ADDRESS	)	HER INSTITU		FOR	MOST OF WO	JPATION (			OR	D OF BUS	Y
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10			ryland	Ba	ltim	ore	Uppe	r Fall	LS	YES 🗌	NOX.			adsha	W R	oad	21	156	
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MOR	出ている。	16a. V	WAS DECEASED	EVER IN U.S.	ARMED FO	ORCES?		CIAL SECUR		17. INFOR				APOR		haw,			1021
LT.	EAR AND	I IY	res, no, or unknov <b>no</b>	VN) [IF YES, C	GIVE WAR OR	DATES)	213	-28-55	541	Phili	p P.	Mull	er,	11208	Pf:	ieff	er	Road	1021
a	WIT P		18 CAUSE OF	DEATH (Enter	anly one	cause per line	far (a), (b	o), and (c).)			-						APP	ROXIMATE EN ONSET	INTERVAL
N S	A PER PROPERTY		PARTIDE	ATH WAS CAU IMMED	ISED BY: DIATE CAU	JSE (a) F	rter	ioscle	erotic	c Card	liovas	cula	r Dis	ease			DETAN	EN ONSET	AND DEATH
esto	A A STANDAR	1			. (	DUE TO, OR	AS A CO	NSEOUENCE	OF										
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ORD	出来来る主法	z	TARI 2 UINER SIO	MIFICANI CONOIII	UNS CONTRIB	UTING TO UEATH	BUT NUT KEL	ATEU TU INE TEI	RMINAL DISEA	SE OR CONDITIO	ON GIVEN IN P	ART 1 (0).							
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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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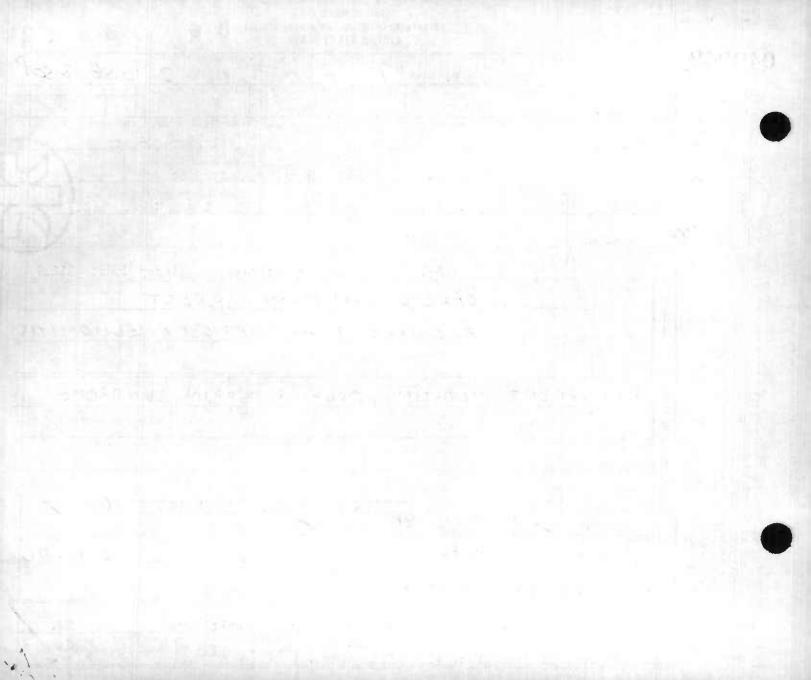
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BP	(	Buri	al	2/14/	/86 W	ester	Cemete	ry	Baltimor	e	COUNTY	Md.
DHMH - 16 60M 7/84	24 Ft	INERAL DIRECTOR			ADDRESS		21229		E RECD. BY REGISTRAR	256 REGIS	TRAR'S SIGNA	

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)



in stay of the state of the sta Luce coron Huera Lone, Enc. Corso , L. Cantrelle Manager

50140	r.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	0	3 8	2 4
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Peorth. Po		RTHPLACE (STATE OR FOREIGN COUNTRY)		States	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY C		DEATH	ME
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that the death certificated by the attending physic ease remaye carban pape of, cremation, at remayal in other troumatic event, it		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO,	OR AS A CONSEQUE	NCE OF	rafhrosc	burn?		APPROXIMATI BETWEEN ONSI	Land DEATH
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IAN The le physicion. Inficote hos of Hygiene of Hygiene	AL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L LIFETHER NOTIFY MEDICAL EXAMP	EATH HOUR	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU	IN CERTIFYING YES [	] 1	NO 🗍
IG PHYSIC attending er this cer tond Ment	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE, F.		211. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
as l'Endin septol or ECTOR: Af d'for use o 1 of Health m 21 is mai		22a I certify the 11 this has	F13	19 8		nd that in (my) (dur) opinion	deoth occurred on the d	ote and hour and		
TAL OR PAL DIRE Actor DIRE detacher		22b. SIGNAHURE	sec	h-ens			MEDICAL STA	FF CIAN [	22. DATE SIG	NED 4/81
O HOSPI toined to O FUNE APORTA		Dr. Mort		n		3310 Old (	surkardall	Stown	MD 2	1133

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MaryTand 21133

2-15-86

230. BURIAL, CREMATION, REMOVAL

Burial

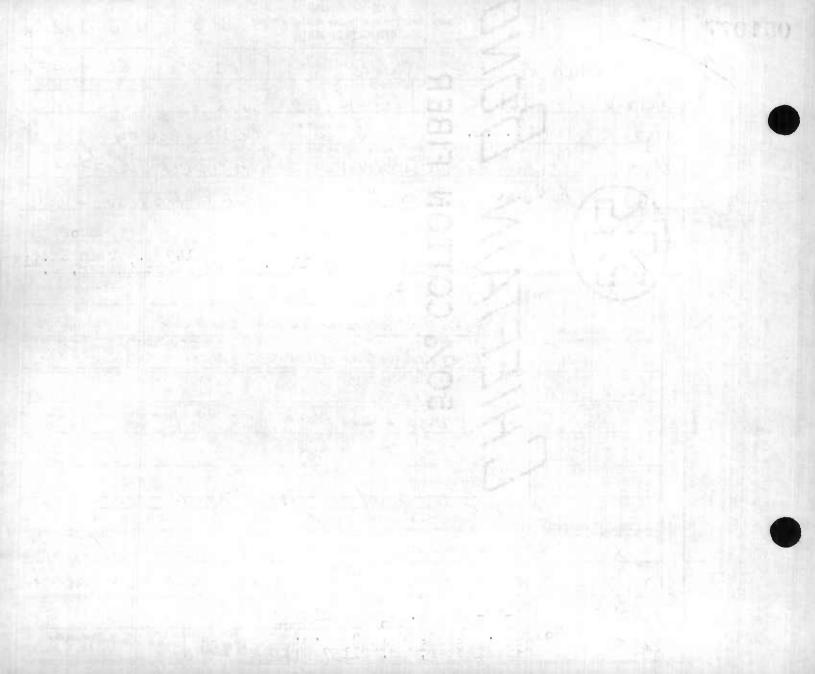
Baltimore

COUNTY Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

<b>C</b> 4	4	42.	1 -	FOR STATE REGISTRAR
1 5	1	6-2		REGISTRAR

director, page 3 lours after death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical ex TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M 7/B4 (VRA 15, 4)

74 FIRERAL DIRECTOR

23a. BURIAL CREMATION REMOVAL

Burial

2/21/86

73b DATE

23c NAME OF CEMETERY OR CREMATORY Holly Hill Memorial Gardens Baltimore County Maryland

23d LOCATION

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE west score hard Funeral Home PA 1407 OldoEastern Ave.

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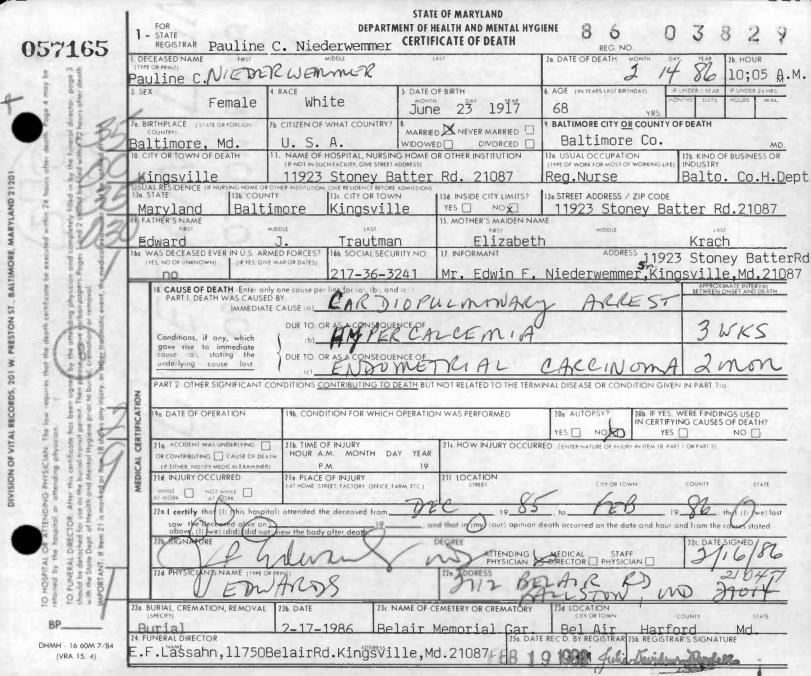
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TALOR A			276 SIGNATURE	deceased alive on 19 , and that in (my) (our) apinion de 11 (we) (did) (did not) view the body after death DEGREE ATTENDING PHYSICIAN						MEDICAL DIRECTOR	STAFF		22c DAT 2	13/	6
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DHMH - 16 60M 7/ (VRA 15, 4)	/84		UNERAL DIRECTOR 728 Liberty F					ine.	250 DAT	B 141	986	Sb. REGISTR	AR'S SIGNA	ENBRORM	

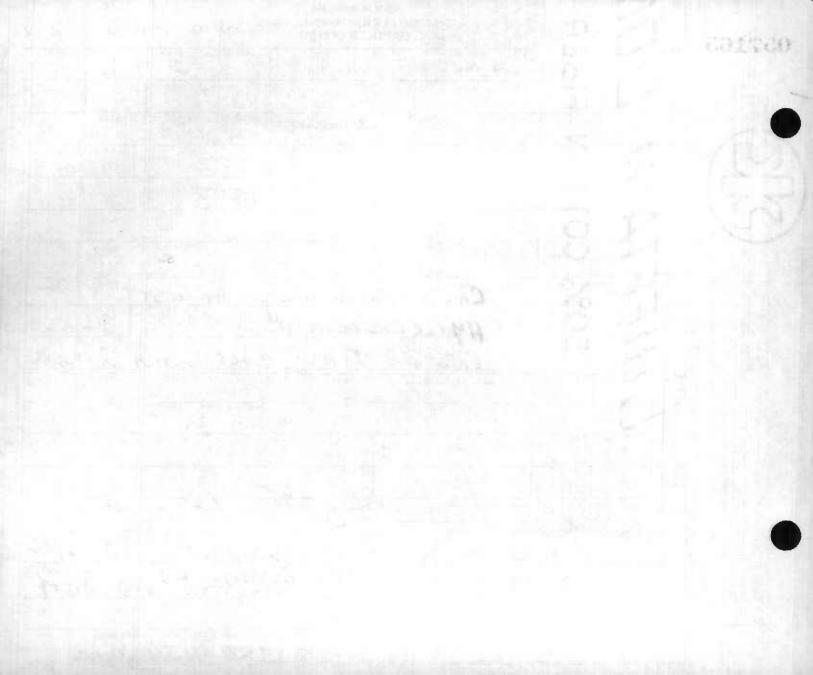
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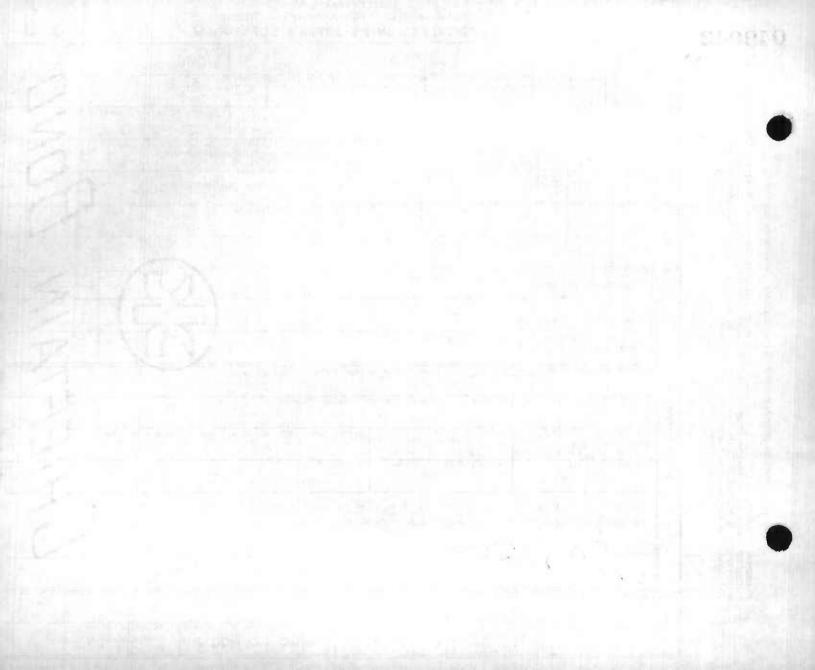
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(VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md.

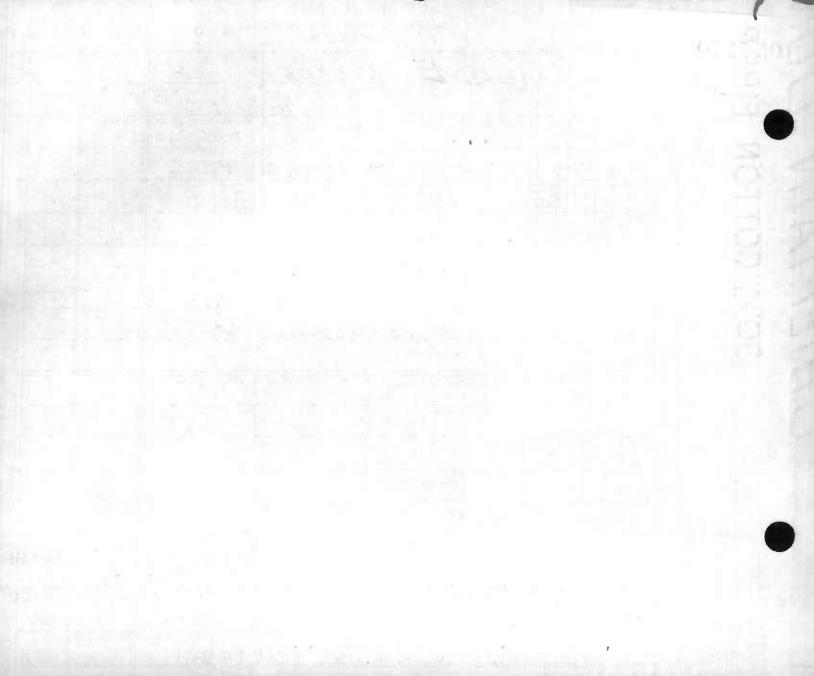
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Baltimore, Maryland

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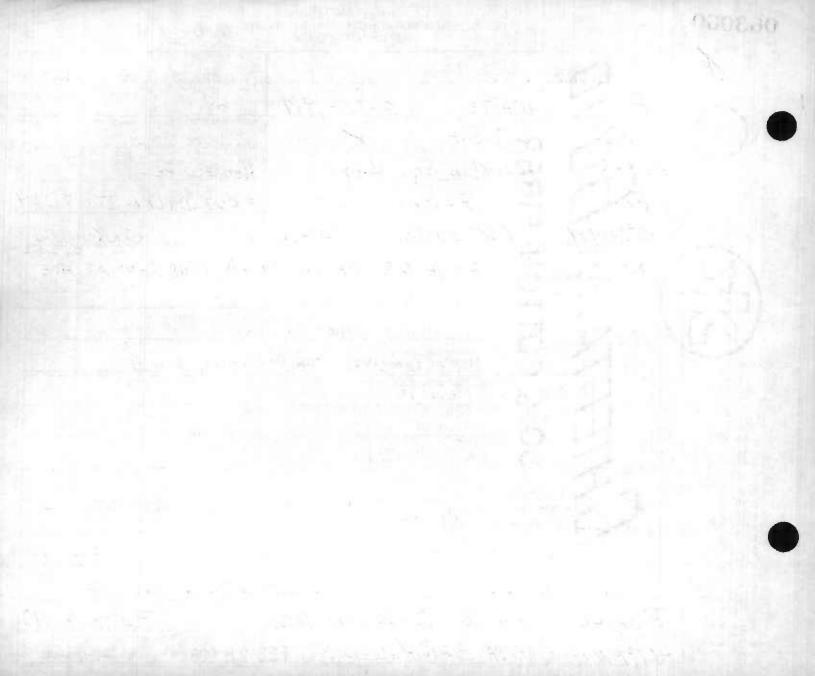
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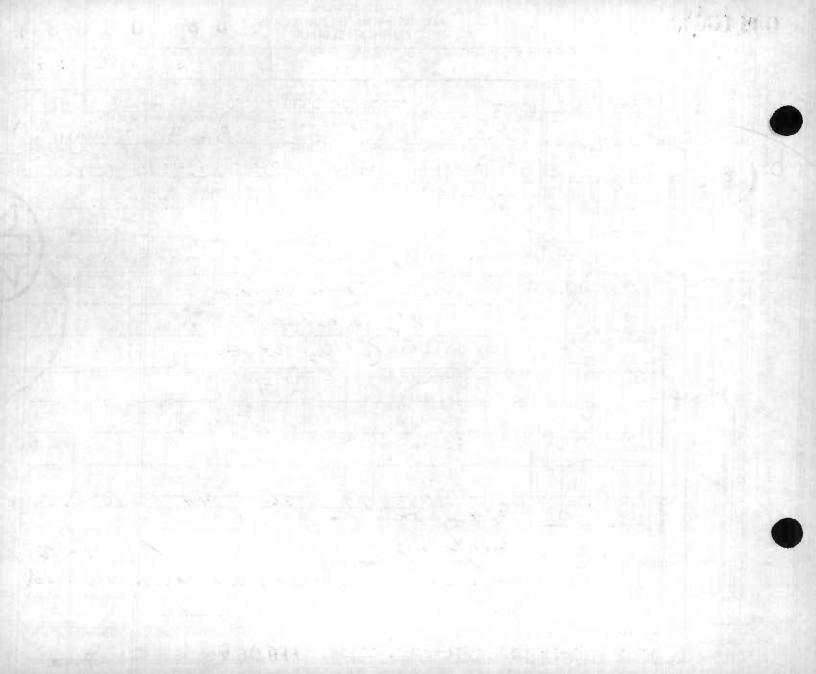
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

BY REGISTRAR 25h REGISTRAR'S SIGNATUR





ruzdzinski Funeral Home PA 1407 Old Eastern Ave.

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STATE OF MARYLAND

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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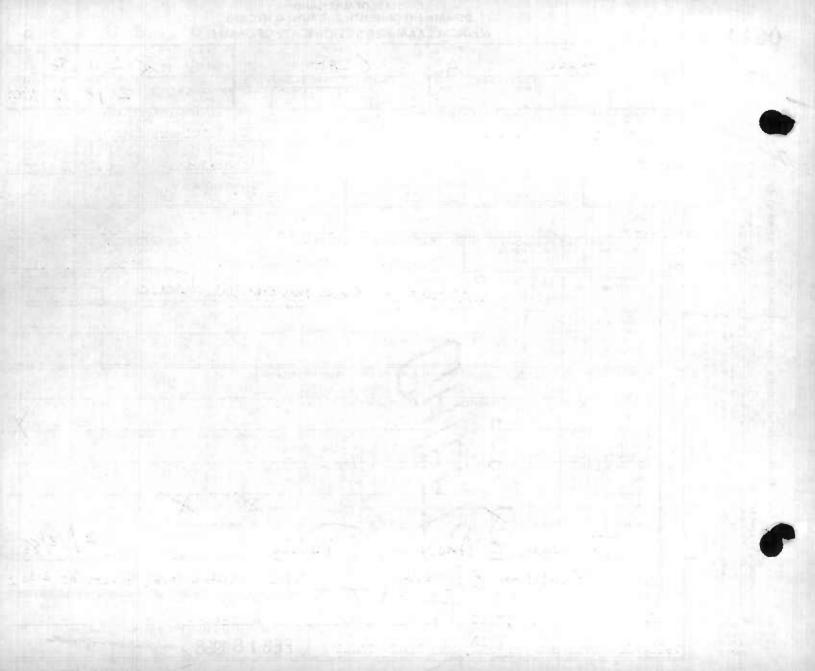
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F		18 CAUSE OF	DEATH (Enter only	v one cours nerdide	for (o), (b), and (c).)	1	A.	0 1	Balto.,	MD.	21222
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		death resulted		al causes .		cide , Homicia		mined manner	].		
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7			ON,REMOVAL 23	Ib. DATE	1234 NAME OF CEA	AETERY OR CREMATO	RY 1238. LOC	ATION			
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2	24. FU	NERAL DIRECTO	OR Duda - Pr	2/17/1986 uck, Inc.	Gardens	Of Faith	Bali So. DATE REC'D. BY R	EGISTRAR 1256. RE	GISTRAR'S SIGN	Maryl	
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/	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6 C	3837
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1 11	3 SE.	× FEMALE	WHITE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 2 83	IF UNDER 1 YEAR IF UNDER 24 HRS
1 1 30		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Count	Y OF DEATH re County
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quires that the death certificate signed by the attending physic hen please remove carbon pape to build, cremation, or removal, ilury, or other traumatic event, the	NO	PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF	TERMINAL DISEASE OR CONDITION G	BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  AGUAT  IVEN IN PART 110
on. hos been t permit. I	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \( \text{NO} \)
SICIAN: The ng physicio certificate buriol-transit tentol Hygie lem 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D.	21c HOW INJURY OC 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
offending of the physical of t	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
spitol or CTOR A for use of Health		220.1 certify that (1) (this haspit saw the deceased alive an abave, (1) (we) (did) (did not	7118/	2/18 19 8 , 19 8 , and that in (my) aur a	nian death accurred on the date and ha	that (I) (Pell st use and from the couses stated
by the ho by the ho ERAL DIRE e detoched Store Depti		226 SIGNATURE 226 PHYSICIAN'S NAME (TYPE OR	ODINI)	DEGREE ATTENDIN PHYSICIA 22e ADDRESS		2/19/86
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		BURIAL, CREMATION, REMOVAL	The second secon	NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY STATE
BP DHMH - 16 60M 7/B4 (VRA 15, 4)		Burial UNERAL DIRECTOR  ACK TOWSON Funer		1050 York Rd. cowson, Md. 21204	DATE REC'D. BY REGISTRAR 256. REGIS	aryland STRAR'S SIGNATURE A Daydon Mondallo

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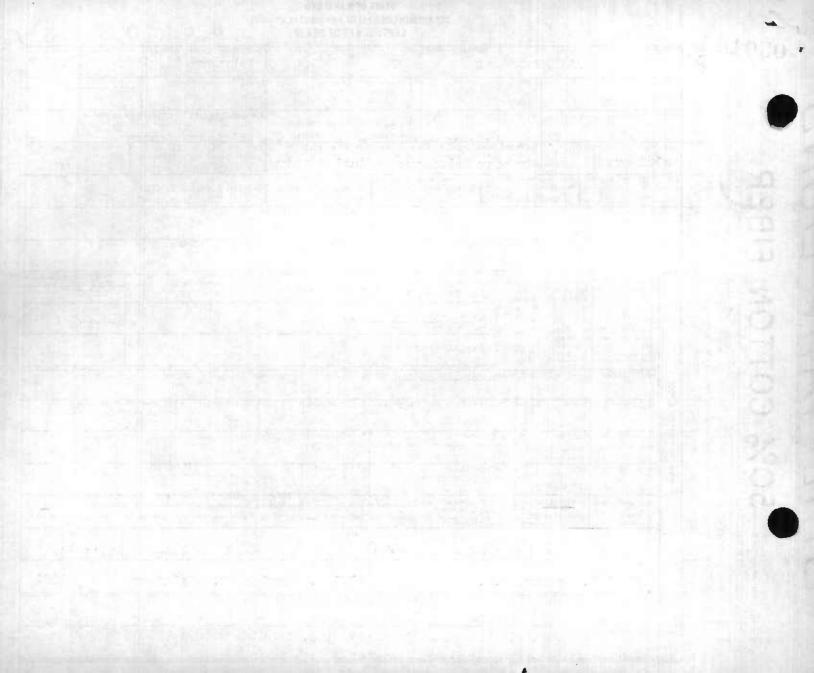
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BP		URIAL, CREMATION, RE SPECIFY) Buria		23b. DATE			METERY OR CREMAT		3d LOCATION CHYORTO	WN	Smy	th.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	NERAL DIRECTOR  Gladden	Kur	tz	Jarrett	svil]	e, Md.	AL O.S	1996	george Ste	ISTRAR'S S	Rendales.	- 4

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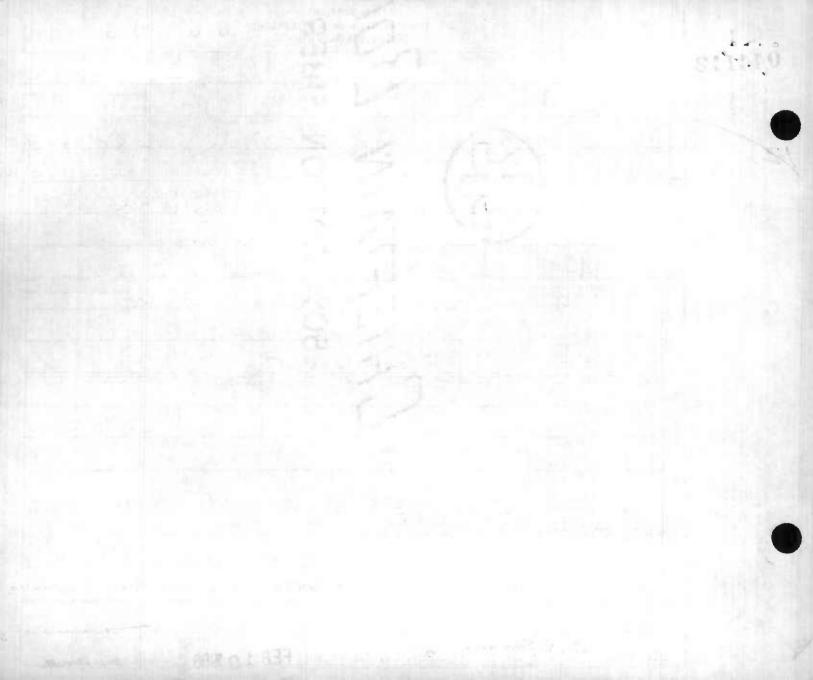
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. DE COOR MATTE CARTESTON LLC.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 28 DATE OF DEATH (TYPE OR PRINT) February 10, 1986 3:20 P ALBERT OTT B 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR Male Caucasian 1914 January TO BIRTHPLACE ISTATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED Baltimore County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR Greater Baltimore Medical Center TYPE OF WORK FOR MOST OF WORKING LIFE **INDUSTRY** Baltimore Consultant Huge ' USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Woodlawn 2104 Lugine Avenue Baltimore NO X YES T 21207 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST George Ott Simons Rose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Mrs. Grace Ott DRESS 16h SOCIAL SECURITY NO LYES NO OR UNKNOWNE 2104 Lugine Avenue Baltimore, Maryland No 212-09-7510 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Acute myocardial infarction days DUE TO, OR AS A CONSEQUENCE OF Coronary artery disease years Conditions, if ony, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? YES X Hygier Hygier NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDIC AL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 21a PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 86 220 1 certify that (1) (this hospital) attended the deceased fram\_ 86 , and that in (my) (aur) opinian depth accurred an the date and haur and Iram the causes stated DIRECT DEGREE 22c DATE SIGNED ATTENDING MEDICAL FUNERAL ( PHYSICIAN DIRECTOR PHYSICIAN /11/86 6701 N. Charles St. Baltimore MD Joel L. Hammer, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION ISPECIEVE 2/15/86 Lake View Memorial Park Sykesville Carroll Burial MD. 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DHERE OF BREGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 8728 Liberty Road Randallstown, MD. (VRA 15, 4)



16 N A	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	0 3 8 4
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2 2 20	a. B	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OF	COUNTY OF DEATH
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11.80		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO	
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A STANDI		AL PESIDENCE (IF NURSING HOME OF		E ADMISSION)	13e STREET ADDRESS /	71P CODE 2/1/1
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1 10 月月	PY.	THER'S NAME	MIDDLE 'AST	15. MOTHER'S MAIDEN NA	AME	LAST
2 21/24	V	Henry	Meagher		E.	Boag
The state of		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO 17 INFORMANT	ADDRES	
1 10		No NA	623-19-	3893 Mrs. Gloria	H. Peppler	(Daughter) Same as 13
and of the same		18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), on	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
of the state of th		PART I. DEATH WAS CAUS	ATE CAUSE (0) ACUTE	= CARDIA-RES	PINATOKY	ARREST
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-066192	10	FOR STATE REGISTRAR			DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	YGIENE 8 6 0 3 8 4 1					
oy be		CEASED NAME EORPRINT) Rhe	a Est	celle		177	ASI		uary 28 198		13/3 PM		
ge 4 may	3. SE	x		4 RACE Caucasi	ian	S. DATE C	er 28°1918 YEAR	6 AGE (IN YEARS )	AST BIRTHDAY) M	FUNDER I YE			
eath. Pog		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN O United	F WHAT COUNTRY? States	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE C	e County	OF DEATH	MD		
s ofter d		ITY OR TOWN OF DE	ATH		F HOSPITAL, NURSIN UCH FACUITY GIVE STREET OPE COUNTY G		Hospital	12a USUAL OCC LTYPE OF WORK FOR Secretary	UPATION MOST OF WORKING LIFE		OF BUSINESS OR Administ.		
filled in outd be found to must be		AL RESIDENCE (IF NUR STATE LTYLAND	Baltir	OTHER INSTITUTION OTTO	13c. CITY OR JON		13d INSIDE CITY LIMITS? YES NO	3604 Ann	RESS / ZIP CODE e Hathaway	Drive	21133		
mpletely		ather's name proli <sup>eir</sup> Armstr	ong	MIDDLE	LAST		Living Nora Grace Burginan						
und co	no no	WAS DECEASED EVER		ARMED FORCES? 166 SOCIAL SECUR S. GIVE WAR OR DATES) 220-07-23			3332 Offutt I		Randallst				
is that the death certificated by the attended physical control cremation.		Conditions, if any gave rise to im cause to , stati underlying cause	IMMEDIAT which mediate ng the e last	DUE TO,  DUE TO,  (b)  DUE TO,  (c)	er line forca), (b., one  CALALI  OR AS A CONSEOUE  OR AS A CONSEOUE  CALALIA	ENCE OF	Asystol tabolic renal face	e kneep lure	polepa	try	ÖXMAJE INTERVAL N ONSET AND DEATH		
he law require ion. hos been sign if permit. Then iene prior to bu	CERTIFICATION	Di alli	oles	MI	DITION FOR WHICH	C	NOT RELATED TO THE TERM	YES NO	206 IF YES,	WERE FINI	DINGS USED ES OF DEATH?		
G PHYSICIAN The protection of the burief reading physician or the burief reading and Mental Hygie ked or frem 18 sho	MEDICAL CER	21a ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER NOTIFY MED 21d INJURY OCCUR WHILE NOT WAT WORK	CAUSE OF DEA	21e PLAC	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET FACTORY, OFFICE F	19	21¢ HOW INJURY OCCUR		OF INJURY IN ITEM 18 PA	COUNTY	STATE		
ALOR ATTENDING the hospital or or AU DIRECTOR. After etached for use as te Dept of Health i: if them 21 is mont		22a I certify that (I saw the decea	) (this haspi sed alive on		10		. 19	MEDICAL	the date and hour				
O HOSPITA Provided by TO FUNERA hould be de with the Sto		HALFER	The comp	A	SYED	1	BALTIMORE			H	OSP -		

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation Cremation 3-01-86 Westview Crematory
14 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 250. E

236 DATE 3-01-86

Baltimore Maryland Catonsville

8728 Liberty Road Randallstown, Maryland 21133

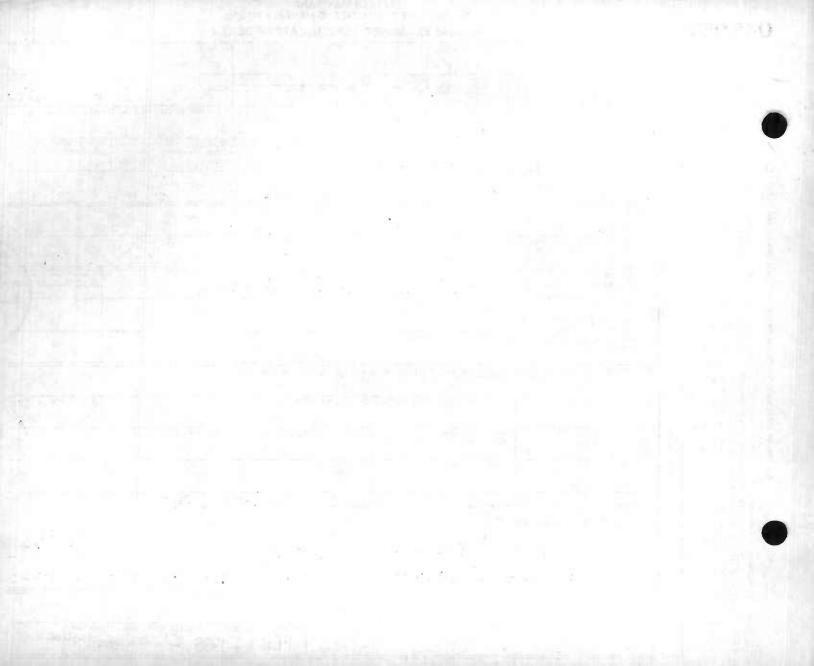
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Tondall.

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SELL branch and the land of our 1818.

5 177	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
045057		STATE REGISTRAR			ER'S CERTIFICATE		ND 3	8 4	12	
	I. DEC	EASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN		DAY YEAR	2b. HOUR	
	[146]		onio Sa	antiago	Palmes	OF ESTI- DEATH MATED	□ 2	6 1986	6 M	
FILE	3. SEX		5. DATE OF BIRTH		RS IF UNDER 1 YR. IF UNDER			DAY YEA	R 2d. HOUR	
DIRE DOUR NO SA SA SA SA SA SA SA SA SA SA SA SA SA	Ma	le White	Aug 11			MIN. PRONOUNCED DEAD	2	6 19	2350	
S FOR YOUR FILES.  5. FOR YOUR FILES.  6. WITHIN 72 HOURS  W. PRESTON STREET.	7a BII	RTHPLACE (STATE OR	76. CITIZEN OF WH		8. MARRIED WEVER MARE	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH		
20 3	-	nary Island	s U.S	5. A.	WIDOWED DIVOR		re Cou	intv	MD.	
PAGE S	10 CI	Y OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE)		OR INDUS	BUSINESS	
RETAIN PACHOULD BE FI	Du	ındalk	3557 Mc	Shane Way	-21222	Merchant Se	aman			
SECORD B	USUA 130. ST	L RESIDENCE LIF IN NURSING HOM	E OR OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADMISSION 136, CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	Dalla			
SHOULD	1	Maryland Ba	ltimore	Dundalk		k3557 McShar	ne Way	2122	2	
	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAID	WIDDLE	1 1 1 2 1	LAST		
223C		Intonio		Palmes	Conce	otion		anco	r	
SN	16a. V (Yi	AS DECEASED EVER IN U.S. A S. NO. OR UNKNOWN) (IF YES, GIT	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURITY		ADDR				
DIVISION		no		218 36 64	07   Mary Pa	lmes 3557 Mc	Shane		21222	
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly one cause per line	far (a <u>) (b</u> ), and (c).)	10.0			BETWEEN ON	ATE INTERVAL	
PERMIT.			ATE CAUSE (a)	and myor	carcual inte	acion	4	7.74		
¥ = ¥ = ¥		Canditions, if ony, which		AS A CONSEQUENCE C	OF V					
EXAMINER A		gove rise to immedia cause (a) stating the unde	te (b)	AS A CONSTOURNESS						
MEN OR RI		lying cause last.	DUE TO, OR	AS A CONSEQUENCE C	)F					
AND ON,		PART 2 OTNER SIGNIFICANT CONDITION	(c)	BUT NOT PELATED TO THE TERM	NAL DISEASE OR CONDITION GIVEN IN P.	APT 1 (e)				
HEALTH AND CREMATION,	Z			The second of the second	THE DISEASE OF CONDITION OF EACH	ANT 1 301.				
OF HEAL	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORMED?			20. AUTOPS	Y?	
المنة 5	LIFIC							YES 🗌	MON	
TO BURIAL	CER	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY . MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2	1)		
DEPARTMENT	CAL	UNDERLYING OR CONTRIBUTING CAUSE O								
PRIOR	MEDICAL	21d. INJURY OCCURRED		OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNT		STATE	
21201 P	2	WHILE NOT WHILE				CIII ON TOWN	00011		37416	
		22a. I certify that I taak cha	rge of the remains des	cribed above, held an	Autopsy , Inspection	an Inquiry I,	and in my apini	on		
AND, 2		death resulted from: Nat	tural causes	Accident . Sui	cide , Hamicide ,	Undetermined manner	],	1	,	
L DIRECTOR H, WITH THE MARYLAND,			21	\.	TITLE (SPECIFY			2/	8K11	
AH.		SIGNATURE 1	Stage Ot	mov-	M.D. Deput	MEDICAL EXAMINER	DATE SIGNED_		136	
DEA		EXAMINER'S NAME TO	Donogal ()	IMVOVANI	2112	Budall Are	Roll	md.	2127	
TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLAN	1	(TYPE OR PRINT)	WSSAIN C	3	ADDRESS_ZIIZ	Samonak . M.	1 2010			
- < ∞	230.BU	irial, cremation, removal Burial			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	altimor		STATE	
		INERAL DIRECTOR	2/10/86	TUAK LAW	n Cemetery	REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIG	NATURE	Md.	
MH - 17 15 ME (5))	1	illy & Zeile	er.Inc 19	01 Easter	212311 651		a Davidson		56	
30M 7/73		TTTA OF TCTTC	1 0 1 1 1	U, LUJULI	1 1 1 1 0 T 1 7 MM 1	1000 //				



(VRA 15, 4)

DHMH - 16 60M 7/B4

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH

REG. NO

	(TYPE OR PRINT)	LEON	A	s.		P	AMFILIS	Fe	bruary	12,	198	6		М
	3 SEX		4 RACE			DF-BIRTH		& AGE (IN	YEARS LAST BIRTH	(DAY)	IF UNDER		IF UNDE	
1	Fema	le	W	hite	Apr	. 18,	1893°	92	2	YRS.	MONTHS	DAYS	HOURS	MIN.
9	70 BIRTHPLACE (S	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- 🗀		9 BALTIMO	RE CITY OR		Y OF DEA	TH		
1	Gree	ce		USA	WIDOWE		R MARRIED	Balti	more (	Count	Y			MD.
/	Ruxton	OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CHEACHLITY, GIVE STREET Care Ruxt	ADDRESS)	OR OTHER IN	ISTITUTION		OCCUPATION MOST OF COMMENTAL OF		Fε) 12b. K	CIND OI USTRY	F BUSIN	IESS OR
1	USUAL RESIDENCE 130. STATE Maryland	13b COU		Towson	N	YES 🗌	CITY LIMITS?		ADDRESS / Green	ZIP CODI Acre	Roa	ıd	2120	)4
1	14 FATHER'S NAME FIRST Nich	olas	WIDDLE	achariado	u		R'S MAIDEN NAM Vasiliki	ΛE	WIDDLE	1	Pam	fil	is	
П	160 WAS DECEASED		RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	MANT		ADDRES	15				
Ш	No	WN)   IN TES. G	INE WAR ON DATES!	217-38-5	240	Mrs.	Virginia	a Cons	stantin	ne	same	as	# ]	13
	PART I. DE	ATH WAS CAUS	ED BY: TE CAUSE (0)	PN BULL R AS A CONSEQUE	LOY	nA,	LEFT				BE	TWEEN	MATE INTE	DDEATH
The second	gove rise couse (o), underlying	o immediate stating the	(c)_	R AS A CONSEQUE		NOT RELAT	ED TO THE TERMI	NAL DISEAS	GE OR COND	ITION GIV	VEN IN P	ART 1 o		
Î	STORY ACCIDENT	OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PER	ORMED	20a AUTO	OPSY?	20b. IF YE	S, WERE I	FINDIN	IGS USF	D
)	IFIC							YES [7]	NOTX	IN CERTI	FYING CA			TH?
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	sow the	deceased alive a	E.M.	e deceosed from 19 E	36,01	nd that in (m	y) (our) opinion d	to to	ed on the dot	e and hou				(we) lost toted
	22b. SIGNATU	al	lar	uber	1/	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		22c.		13/8	
	22d. PHYSICIA	N'S NAME TYPE	OR PRINT)	=== 10+10		22e ADDR	ESS						01	
		Cesar G.	Gamboa,	M.D.			3440 Bel	air Ro	oad		0.1			
	23a BURIAL, CREMA	TION, REMOVA	L 23h DATE	23c. N	AME OF C	EMETERY O	RCREMATORY	23d. LOC.	ATION					

Baltimore Woodlawn Cemetery Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

na Davidson-Mandalle

Ruck Towson Funeral Home, Inc. 1050 York Road

2/15/86

Burial 24 FUNERAL DIRECTOR

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NECESSA FUNERAL	S FOR YOUTHIN WITHIN	M	aryland		USA			WIDOW		DIVORCE		Balt	imor	e Cou	nty		MD
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CORDS, BE EXECUTED ADING"	MEDICAL EXAMINER ALC DAS A BURIAL - TRANSIT P EALTH AND MENTAL HYG , CREMATION, OR REMOV	NO	PART 2 OTHER SIGNIFI	CANT CONSITIONS	CONTRIBUTING TO DE	TH BUT NOT	RELATED TO THE TERM	IINAL DISEASE	OR CONDITION	GIVEN IN PART	Lias						
AL REG	FEE A	CERTIFICATION	19a. DATE OF OP	ERATION	196 CON	DITION FO	OR WHICH OPER	RATION W.	AS PERFOR/	MED?	E.				20 A	UTOPSY?	
NOF VIT	WENT WENT		210 EXTERNAL C	OR	HOUR	OF INJUR	TH DAY YEA	21c. HC	)W INJURY	OCCURRED	LENTERNA	TURE OF IN)	URY IN ITEM I	8 PART 1 OR P		ES L	NO
DIVISION OF VITAL RECORDS, 201 IS CERTIFICATE SHOULD BE EXECUTE VRITING THE WORD "PENDING" IN F	WARDED TO PAGE 3 SHOI STATE DEPARI 21201 PRIOR	MEDICAL	CONTRIBUTING	IRRED	21e PLAC	E OF INJU ACTORY, FAR			CATION			CITY OR TO	WN	C	YTHUC		STATE
INER: THE				ot I took charg	ge of the remains	escribed (		Autops	y .	Inspection	-	Inquiry ,	-	and in my o	pinion	,	
E CERTIF	OULD BE FOR IL DIRECTOR: H, WITH THE  , MARYLAND,		ACTUAL SIGNATURE	- Cro	Aban C	(P)	nove			PECIFY)	,	AL EXAM		DATE SIGN	ED.	2/15	/81
MEDICA ECUTE TH	PAGE 4 SHOTO FUNERA TO FUNERA AFTER DEATIMORE,		EXAMINER'S NA/	ME V.CI	ROSSAN	OI	HUONOVA	N	ADDRESS	2112	Dem	dalk	Are	. B	lle.,	md.	2123
	A D A A A	23a.Bl	JRIAL, CREMATION PECIFY) Buria		2/18/		Holly H				23d LOC City OR Mid	dle I	River	Balt	o. M	lary1	and
07/84 BP_ 25M	IMH - 17		INERAL DIRECTOR	2						250. DATE RE					53.	17 17 17 17	
	115 ME (5))	(	connelly	Funeral	L Home 13	00 Ma	ce Ave	21221		FEB	20	1986	U	, , , , , , , ,			

CERTIFICAT

MEDICAL

## STATE OF MARYLAND FOR 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	
DEC	NIC

REGISTRAR		CERTIFICA	IF OF I	DEATH	REG.	NO.				1
1 DECEASED NAME FIRST	MIDDLE	LAST		1	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HO	JR ·
Phillip	Trezona Johnson	Pascoe				2		86	6:3	0 7
3. SEX	4 RACE	5. DATE OF BIR	RTH		6. AGE (IN YEARS LAST	BIRTHDAY)		ER 1 YEAR	IF UNDER	₹ 24 HRS
Male	White	10	4000	1918	67	YRS.	MONTHS	DAYS	HOURS	MIN,
THE BERTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED 1	NIEWED :	MARRIED []	9 BALTIMORE CITY	OR COUN	TY OF DE	EATH		
Pennsylvania	U.S.A.	WIDOWED [		VORCED [	Baltimore	Count	ty,	7,		MI
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		HER INS	-	120. USUAL OCCUP			KIND C	F BUSIN	ESS OR
Dundalk	102 Ventnor Ter	race 2	1222		Crane Ope	rator	Si	teel	Mfg	r.
USUAL RELIDENCE (IF NURSING HOME OF		N 13d.		ITY LIMITS?	13e STREET ADDRES				222	

Maryland	Baltimore	Dundalk	YES NO X	102 Ventnor Ter	race 21222	
N FATHER'S NAME	Scott	Pascoe	15. MOTHER'S MAIDEN N FIRST Elva	AME MIDDLE	Johnson Johnson	
160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
LIS CALISE OF DEAL	H /Enter only one course ner	line for (a) (b) and (c)			APPROXIMATE INTERVA	ı,

IMMEDIATE CAUSE (o)	1 10
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NOI YES T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M (IF EITHER NOTIFY MEDICAL EXAMINER 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE, FARM, ETC | NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

sow the deceased alive one abave, (1) (we) (did) (did not) view the body after death 226. SIGN ATURE DEGREE 22c DATE SIGNED MEDICAL STAFF 25/1986

ATTENDING PHYSICIAN ans DIRECTOR PHYSICIAN 77e ADDRESS

Walter Brooks Bradley, Inc. Balto.

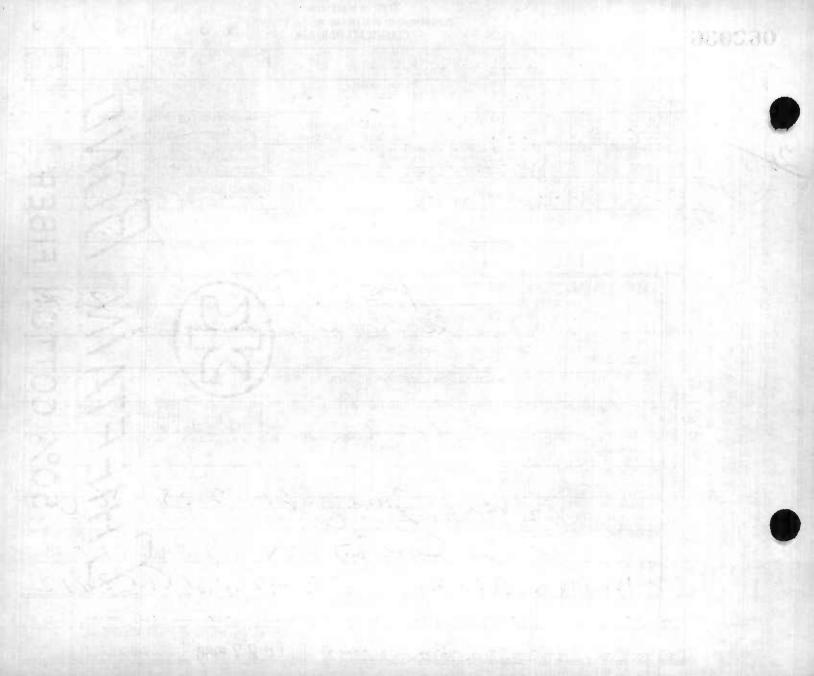
230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION {SPECIFY] STATE

Cremation Green Mount Crematory Baltimore City, MD

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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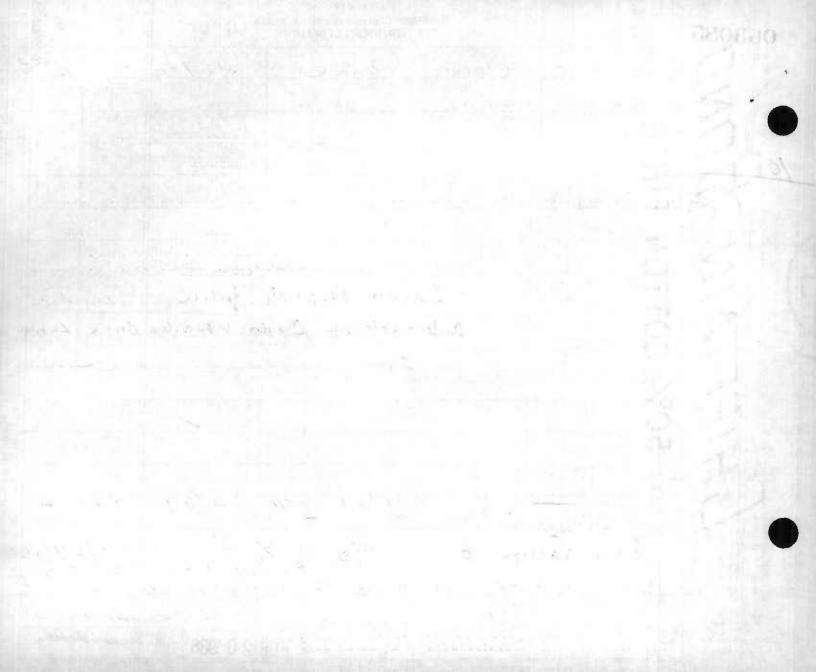


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	ECEASED NAM	FIRS	T		WIDDIE			LAST		2a. DATE OF	KNOWN X	HINOM	DAY	YEAR 26. HO
		Jero	ome					erson			MATED	2/	20/19	86
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	no	n	,		218-	45-11	582	Bernic	e Nix	on 92	9 Ell-			2
	IB CAUSE	OF DEATH (Ente	er only one c	ause per line	far (a), (b),	and (c).)"								AMATE INTERVA
9	PARTID		DIATE CAUS	OL (0)				cardio	myopath	ly				4-2-1
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	lying ca	a) stating the <u>un</u> use last.	der-	DUE TO, OR	AS A CONS	EQUENCE	OF							
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z	PART Z OTHER	SIGNIFICANT CONDIT					IINAL DISEASE	OR CONDITION GI	VEN IN PART 1 (a).					
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	UNDERLYIN	G OR	OF DEATH	HOUR A.M	. MONTH	DAY YEAR	R							
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×	WHILE AT WORK	NOT WHILE	0,	SIMBEL, FACT	ORY, FARM, ETC	1	.51	TREET		CITY OR TO	٧N	COU	INTY	STAT
		tify that I taak c	1	remains des	cribed above	held or	Autaps	V X	spection .	Inquiry	Cod	in my api	union.	
	death resul		VOIDE COUS		Accident [		icide .	Homicide		etermined mo		my up	magn	
		V	TV	7				TITLE (SPEC				•		
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		ATION, REMOV	AL 236 DAT	E				RCREMATORY		LOCATION		COUN	ITY	STATE
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T .	NAME	. Dyet	+ 1160	ADDRESS	h Ha	ht	A 272	07	FEB 2	1986	A CATALON	MANUAL STREET	TORE	
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THE REAL PROPERTY.

William Town

(VRA 15, 4)



	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 6	0 3 8 4 9
MADOE	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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ou do	3.58	K	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS.
of the contract of the contrac	E	EMALE	WHITE	7 26 14	71 Y	RS DAYS HOURS MIN.
101		THPLACE (STATE OF FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COU	
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18		BALTO.	(IF NOT IN SUCH FACILITY, GIVE STREET	11 1 thanital	120 USUAL OCCUPATION (TYPE OF WORK FORMOST OF WORK) HOME MREA	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY
87		BALTO. N.	OTHER INSULTATION GIVE RESIDENCE BEFORM  TY 136. CITY OR TOV  BALT	TO. YES NO	5622 GREE	ENHILL AVE. 2/2
30	) F	THER'S NAME William (.	Smith Sr.	15 MOTHER'S MAIDEN Arnie E	· Hughes MIDDLE	LAST
A BUILDING		VAS DECEASED EVER IN U.S. AR	MED FORCES? 14 20014 OEC	17 INFORMANT	ADDRESS	
1900	/	No	213-03-	9000 Berson Pel	tzer Sr. 5622 Gr	eenhill Ave2120
-		B CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), a	nd ic		BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a) CHROT	ne obstructi	VE LUNG DIS	SHA
0 0 0			DUE TO, OR AS A CONSEQU	IENCE OF		
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g 45 dg		underlying cause last.	(c)	DETACE OF		
4	2	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
120	Z Q	DIAGETES	MELLIT	5		
100	HICATION	90 DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOPSY? 20b 1	F YES, WERE FINDINGS USED
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1937	CERT	210 ACCIDENT WAS UNDERLYING		216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITE	
4	13.21	OR CONTRIBUTING CAUSE OF DEA	ил при	DAY YEAR		
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2 3		saw the deceased alive an			an death accurred on the date and	, indi (ii (we) lost
20 2		abave, (1) (we) (did) (did na	t) view the bady after death.		an deam decorred an the date and	
Dept.		22b. SIGNATURE	1 kmm	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
1 5-1		la	not pundy		MEDICAL STAFF	Fal 8 1986
1 1 1		224 PHYSICIAN'S MAME (TYPEO	R PRINT)	22e ADDRESS		
8 8 /		SAMUEL OM	ANSKY	84054	LOCH RAVEN B	CUD KALTOMPZ12
	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	I COUMS STATE
		Entombrant	2-11-86	breland Memorial	Pand BA	Lto. cound. STATE
16 60M 7/84	74.5	MERAL DIRECTOR		25n [	DATE REC D. BY REGISTRAR 256 RE	GISTRAR'S SIGNATURE ON
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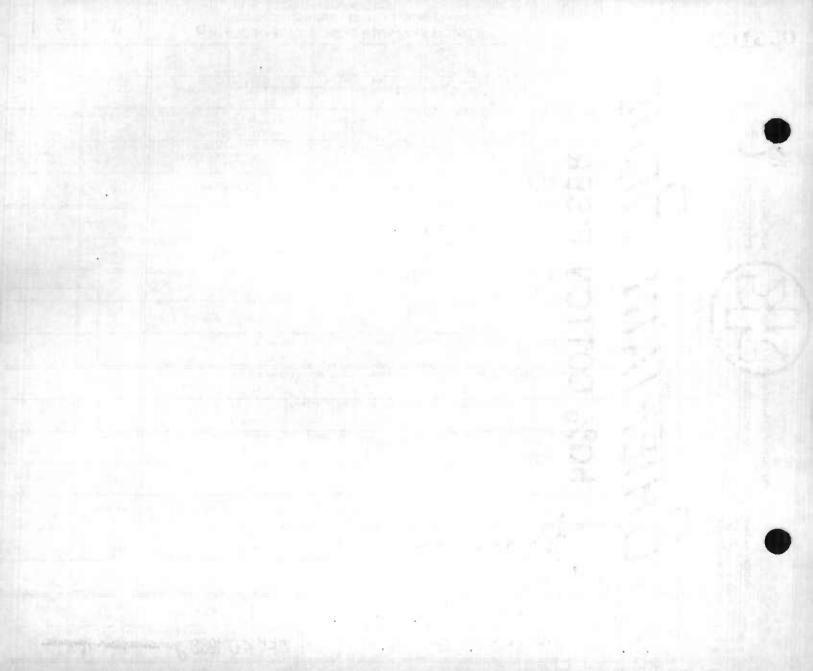
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U:3.)	LUJ		CEASED NAME	FIRST			WIDDLE			LAST			e DATE	KNOWN		MONTH	DAY	YEAR	26 HOUR
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	R FILES. HOURS STREET,	3 SEX	lale	4. RACE Black	S. DATE OF	F BIRTH DAY 13	54	6 AGE (IN Y	DAY) MONTH	DER 1 YR.	IF UNDER		RONOUN DE AD	NCED	A	AONTH	DAY	YEAR	3:45
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03	键序3		PREIGN COUNTRY]			US	SA		WIDOW		VER MARRI DIVORCI		Balti	Lmore	Co	ount	V		MD
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2120	2, AND 3 TO THE 3. RETAIN PAGE 2 SHOULD BE FILE. ALRECORDS, 201	13a S	MD	131 COU	NIY		Ba	1 timor	e	13d INSIDE (		13.654	Cok	esbu	ry A	Ave	. 21	.218	
RE, MD.	## \$ 9 \$ P	0	ATHER'S NAME FIRST Rola	and	MIDDLE			, Sr.		M.	er's MAIDE erst ary	N NAME	N	MDDLE	H <sub>0</sub>		Burr	i S	
ALTIMO	JIRS AFTER DEAS. GIVE PAGES WITH FORM I	160.	VAS DECEASEI ES, NO, OR UNKNO NO	D EVER IN U.S. A	RMED FORCE WE WAR OR DATES			CIAL SECURI -62-14		Mary	Pier	ce 65	4 Co	kesb		Av	e.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, AID. 2120	HOULD BE EXECUTED WITHIN 24 HOURD BY "PENDING" IN PENCIL IN ITEM 18 HIFF MEDICAL EXAMINER ALCONG USED AS A BURIAL—TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	z	gave ris cause (a) lying cau	ns, if any, whic se to immediat stating the <u>unde</u>	h (kg. ) DUE	TO, OR (	AS A COI	nsequence nsequence	OF OF				fied	wear	on)				A Control of the Cont
TAL REC	CAL RECO		190. DATE OF	OPERATION	19b.	CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFOR	MED?							UTOPSY	
ISION OF VI	G THE WO TO THE C HOULD BE ARTMENT	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION	AL CAUSE WAS  SOR  NG CAUSE OF  DOCCURRED	DEATH 21e	PLACE O	MONTH 2-	DAY YEA -16-19 8	211. LO	bject	occurre shot				A 18 PART		RT 2)	YES X	но 🗌
No.	SA SA SE	ME			X		ound	at	Loc		ven Re	serv	oir	WN	1		alto		MD
•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH HHE STATIMORE, MARYLAND, 2		22a 1 certification death resulted ACTUAL SIGNATURE	fy that I tack char ed from:	ural counts		Accident		Autop:	, Hamie	Inspection (ide X), PECIFY)	Undeter	Inquiry	anner [	].	DATE		-17-	96
	MEDICA CUTE TH SE 4 SH FUNERA ER DEAT		EXAMINER'S	NAME Anr	n M. Di	ixon,	, M.E	).		ADDRESS		Penn						2120	
07.0		23e.B	URIAL, CREMAT	TION, REMOVAL	236 DATE 2/21/8	36		NAME OF CE	METERY O	RCREMATO	ORY	23d LOC CITY O	CATION RIOWN altim	ore		COU	MIY	MD SI	TATE
07/84 25M	DHMH - 17 (VR A15 ME (5))		Buria UNERAL DIREC NAME M. C. M								FEB	EC'D. BY		R 256 RI				URE	



## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		1000								KEG. N	Ų.				
	12		CEASED NAME	FIRST		MIDDLE	L	AST	100	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR		
Jeoth	1	{1146	Edı	ra		E.	Po	land		Februar	4	1986	M		
è		3. SE	(		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE	HOURS MIN.		
urs of			nale		White		10	7	1919	66	YRS		HOURS MIN.		
Po	37.	20081	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	NEVER A	AAPPIED T	9 BALTIMORE CITY OR COUNTY OF DEATH					
n.72	5/5		nnsylvania		U.S.A.		WIDOWE		ORCED	Baltimore	Coun	ty	MD		
with.	Ped		TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCCUPAT			OF BUSINESS OR		
filed	00		ndalk		8010 De	el Haven	Road			Waitress	DF WORKING		Coffee		
9 ,	Pe		AL RESIDENCE (IF NURSI	NG HOME OR		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY HAAITS?	13e.STREET ADDRESS	/ 7IP CO	DE	FI THE SECTION OF THE		
ould	3	Maryland Balt			imore	Dundalk				8010 Del 1		Road 21222			
2 sh	ine	14 FATHER'S NAME				LAST			MAIDEN NA		176.				
Dug (	\$30	Russel			R.	Ruble		Marv		MIDDLE		Port	er		
5	0 /	160 V	VAS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17. INFORMA		ADDR	ESS		-		
ode	nedi	No	YES, NO OR UNKNOWN)	(IF YES, GIVI	E WAR OR DATES)	218-07-8	Freema	an L. F	Oland	Sa	me as 1	as 13e			
ers.	the			1.5.4				- 1 C C		- Cana			XIMATE INTERVAL		
pop	rent,	- 1	PART I. DEATH WAS CAUSED BY  AMEDIATE CAUSE (a)  AMEDIATE CAUSE (a)										munel		
rbor	ic ev	IMMEDIATE CAUSE (6)											1		
on, c	omo	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which ( )b)									1 wh				
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ose r	athe		underlying couse		DOE TO, O	r as a conseque	NCE OF	COL	1		3.11	Mar	y years		
n ple	٧. و	-	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION	SIVEN IN PART 1	la		
The or to	inju	CERTIFICATION													
e pri	50	ICA	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?			
gien	how	RTIF								YES NO		YES	№ □		
Hy	183		OR CONTRIBUTING C			FINJURY M. MONTH DA	AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8 PART I OR PART 2)			
rial-	Item	S	(IF EITHER NOTIFY MEDIC			M.	19								
e po	To F	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY	ARM ETC )	21f LOCATIO	N	COUNTY	STATE				
h an	rked	_	AT WORK NOT WHI	K .											
Leal	is mo		22a.1 certify that (1)		3 .		27	11-18	_, 19		4	. 19 6	, that (I) (wellost		
of to	121		sow the decease above, (I)/		Liview the bady		76 or	d that in (my)	(our) opinion	death occurred on the d	ote and h	our and from the	couses stated		
ched	Hen		22b. SIGNATURE	V	HAL	-		DEGREE	TICNIONIO	44504641			ESIGNED		
deto ate [	=		4/2	du	Mela	my	-	, A	TTENDING PHYSICIAN	MEDICAL STA		1	-6-86		
d be	STAL		22d. PHYSICIAN S NA	ME (TYPE O	TLET	-001		22e ADDRES	s a	2 North Po	-1	10			
houle	0		O D	- (	1 1	014		101	2 01	ex y wires	w	ride			
₩ 3	≤ "	23n F	SURIAL CREMATION	REMOVAL	123h DATE	173, N	JAME OF C	EMETERY OR O	DEMATORY	1234 LOCATION					

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL

DIVISION OF VITAL RECORDS, 201

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

231 NAME OF CEMETERY OR CREMATORY Holly Hill

1012 Old Northbout Rd 23d LOCATION

2/7/1986 24 FUNERAL DIRECTOR Duda-Ruck, Inc.

23b. DATE

White Marsh Maryland
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Dundalk, Maryland 21222 7922 Wise Avenue

FOR

Maryland 14 FATHER'S NAME

CERTIFICATION

MEDICAL

FIRST

Clarence

- STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MIDDLE

ADDRESS

10415 Bird River Rd. 21220

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 2b. HOUR TYPE OR PRINT! Edith E. PORTER February 24, 1986 12:00am 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH DAY YEAR Female White 12 20 70. BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIE NEVER MARRIED Baltimore County WIDOWED DIVORCED Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOUSEWITE Homemaking Rossville Franklin Square Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 13¢ CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE

YES [

15 MOTHER'S MAIDEN NAME

FIRST

Gladys

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HE YES, GIVE WAR OR DATEST Louis J. Porter 10415 Bird River Rd. 21220 217-09-4816 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Disease Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last Probable Colorectal Primary

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

LAST

Bevans

211 LOCATION

CITY OR TOWN

21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES |

Biddison

WHILE NOT WHILE to-Lebruary 27a.1 certify that (# (this haspital) attended the deceased from February 14 19\_86 186 sow the deceased olive on February 24 19.86 , and that in (easy) (aur) apinian death accurred an the date and hour and fram the causes stated 22h SIGNATURE DEGREE 22c. DATE SIGNED

22d PHYSICIAN'S NAME TYPE OFFRIE

22e ADDRESS

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN X PHYSICIAN

200 AUTOPSY?

02/24/86

STATE

A. Faill, M.D.

236. DATE

Baltimore

MIDDLE

9000 Franklin Sq. Dr., 21237

Baltimore, Maryland 2-26-86 Parkwood Cemetery Burial 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

23¢ NAME OF CEMETERY OR CREMATORY

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84

BP

059034

in by the funeral director page 3 ne filed within 72 hours ofter death

	STATE OF MARYLAND
FOR STATE	DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	34
2.7	6

0 3 8 5 4

DECEASES				CEKIII	ICATE OF DEATH		REG. NO.			
TYPE OR PRINT	FIRST	h	AIDDLE	L	AST	20 DATE OF D		TH DAY	YEAR	26 HOUR
[TIPE OR PRINT]	AUBREY	A	•	PC	SEY SR.	Febru	aru 25	. 198	6	1:00 R
3 SEX	1	RACE		5. DATE C	OF BIRTH	6 AGE IN YEAR			NDER I YEAR	IF UNDER 24 HRS
Male	10 Y 10	White		Janu	ary 11, 1921	65		YRS	HS DATS	HOURS MIN.
BIRTHPLACE (STAT	TE OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	0	X NEVER MARRIED	9 BALTIMORE	CITY OR CO	OUNTY OF	DEATH	-
Maryland		u.s	.A.	WIDOWE		E	Baltimo	re Co	unty	MD.
O CITY OR TOWN OF	DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OC		1		F BUSINESS OR
Catonsvi		6119 Jo	hnnycake	Road		Retired	l Civil	Engi	neer-	S.H.A.
SUAL RESIDENCE (# 30. STATE  Maryland	136 COUNT	imore	GIVE RESIDENCE BEFORE 130 CITY OR TOWN Catonsvi	4	YES NO 💢	13e STREET AD 6119			Road	1 21207
FATHER'S NAME FIRST Aub		NDDLE	Posey		15 MOTHER'S MAIDEN NAM		MIDDLE C.		Wac	le.
WAS DECEASED E			166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRESS			
Ves	ww	TT DATES	213-16-2	738	Cecelia T. P	osey	Same	as #	13	
cause (a), s underlying c	ause lost	(c)	ONTRIBUTING TO D		NOT RELATED 1971 HE TERM	INAL DISEASE (	or conditio	DN GIVEN I	N PARI 1	a-
Z O										
19a DATE OF OP	PERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		. IF YES, WI		OF DEATH?
19a DATE OF OP				OPERATIO	N WAS PERFORMED	YES 1	NO DO IN	CERTIFYING	G CAUSES	
	AS UNDERLYING CAUSE OF DEAT	21b. TIME O HOUR A./	FINJURY M. MONTH DA M.		N WAS PERFORMED	YES 1	NO DO IN	CERTIFYING	G CAUSES	OF DEATH?
	AS UNDERLYING CONTROL CAUSE OF DEAT.  MEDICAL EXAMINER)  CURRED	21b. TIME O HOUR A./ P./	FINJURY M. MONTH DA M.	Y YEAR 19	N WAS PERFORMED	YES P	NO DO IN	YES TEM 18 PART 1	G CAUSES	OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCI  WHILE AT WORK  220. I certify the saw the de above (1)4	CURRED  Of WHILE  Of White Coccesed alive on well did not only the coccesed alive on the coccese of the co	21b. TIME O HOUR A./ P./ 21e PLACE ( (AT HOME SIR	FINJURY M. MONTH DA M. DFINJURY EET FACTORY, OFFICE, FA e deceosed from L	Y YEAR 19 ARM ETC)	21c. HOW INJURY OCCURR 21l LOCATION STREET  19 3 9 d that in my (our) apinion of	YES P	RE OF INJURY IN IT	CERTIFYING YES TEM 18 PART 1	G CAUSES  OR PART 2)  COUNTY	OF DEATH? NO STATE
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCI WHILE AT WORK  220. I certify the saw the de abaye Tide  22b. SIGNATURE	CAUSE OF DEAT  MEDICAL EXAMINER)  CURRED  OF WMILE  LT WORK  Cucased alive an  Medical did not	21b. TIME O HOUR A./ P./ 21e PLACE ( IATHOME STR DIT) attended the	FINJURY M. MONTH DA M. DFINJURY EET FACTORY, OFFICE, FA e deceosed from L	Y YEAR 19 ARM ETC) . an	211 LOCATION STREET  219 3 9 9 9 9 10 that in (my) (aur.) apinion a DEGREE  ATTENDING PHYSICIAN (L.)	YES PED (ENTERNATURE)  , to be death accurred to the DICAL DIRECTOR DIRECTO	RE OF INJURY IN IS	YES TEM 18 PART 1	G CAUSES  OR PART 2)  COUNTY	STATE
210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCCUPANT) AT WORK AT WO	CURRED  Of WHILE  Of White Coccesed alive on well did not only the coccesed alive on the coccese of the co	21b. TIME O HOUR A./ P./ 21e PLACE ( (AT HOME STR  Wiew the bady PRINT)	FINJURY M. MONTH DA M. DFINJURY EEL FACTORY, OFFICE FA e deceosed from L CALLE (19 8) attended H.  The state of the state	Y YEAR 19 ARM ETC) . an	211 LOCATION STREET  219 3 9 9 9 9 10 that in (my) (aur.) apinion a DEGREE  ATTENDING PHYSICIAN (L.)	YES PEED (ENTERNATURE)  THE DICAL POINTED INTERNATURE	RE OF INJURY IN IS	CERTIFYING YES TEM 18 PART 1  A TEM 18 PART 1	G CAUSES  ORPARI 2)  COUNTY  G tram the  22c DATE  A / L	STATE  ST
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCT WHILE AT WORK  220. I certify the saw the de abaye Tiply 22b. SIGNATURE  22d. PHYSICIAN*	COURRED  OF WHILE OF THIS HOSPITC  CECESED OF WHILE OF THIS HOSPITC  CECESED OF WHILE OF THIS HOSPITC  CECESED OF THIS HOSPITC  STAMME (TYPE OR IN THE OR IN	216. TIME O HOUR AA P. P. 21e PLACE C (AT HOME SIR DI) attended the F COM PRINT PRINT M M M M M M M M M M M M M M M M M M M	FINJURY M. MONTH DA M. DFINJURY EET FACTORY, OFFICE, FA e deceosed from L anterfaceth.  19 23c N	Y YEAR 19 ARM ETC) AME OF C	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 ATTENDING PHYSICIAN  222 ADDRESS  SU	YES DED CENTER NATURE AND ADMINISTRATION DIRECTOR DIRECTO	RE OF INJURY IN IS  CITY OR TOWN  THAT  STAFF  PHYSICIAN  Road,	YES TEM IS PART I	G CAUSES  ORPARI 2)  COUNTY  G tram the  22c DATE  A / L	STATE  ST

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

If Hem 21 is morked or Hem 18 sho

IMPORTANT:

Leroy M. & Russell C. Witzke Funeral Homes P. A. 1630 Edmondson Avenue, Catonsville, MD. 21228

## STATE OF MARYLAN

DEPARTMENT OF HEALTH AND M

ID ENTAL HYG ATH	IENE BG NG ~	0 7 0 0
	20 DATE OF DEATH MONTH DATE 2 / 27 / 1986	Y YEAR 26 HOUR 7.30A M
YEAR 1910		NIHS DAYS HOURS MIN.
ARRIED DRCED DUTION	- 1 0	MD.
011011	TYPE OF WORKEOR MOST OF WORKING LIFE)	own home
XXXX	13e STREET ADDRESS / ZIP CODE 10006 Marriottsvi	11e Road 21133
MAIDEN NAM	MIDDLE	NhAM
ma Ku	ADDRESS ittinen-daughter-	(same as 13e)
28		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
051	.5	AD
O THE TERM	INAL DISEASE OR CONDITION GIVEN	N IN PART Ira
WED	70s AUTOPSY7 20s IF YES, Y	WERE FINDINGS USED

FOR - STATE CERTIFICATE OF DE REGISTRAR ASED NAME TYPE OF PRINT Uhl 1. SEX 4 RACE MONTH DAY Eemale 22 AUCESLAN TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MA 5 A. WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTIT WSON USUAL RESIDENCE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d INSIDE CIT Randallstown YES XX 4 FATHER'S NAME 15 MOTHER'S MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) Nor 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ero 50/er Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T 90 DATE OF OPERATION 19L CONDITION FOR WHICH OPERATION WAS PERFOR IN CERTIFYING CAUSES OF DEATH 21h TIME OF INJURY THE HOW INJURY OCCURRED. CENTER NATURE OF PURIET IN HEIR TE FART CONFART 21 THE RECEDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF STORE INCOME MEDICAL EXAMINES. 19 214 INJURY OCCURRED TE PLACE OF INJURY 211 LOCATION CITH OR YORK AT HOME CIRECT FACTORS OFFICE FARM ETC.) NOT WHISE 27s I certify that (I) (this haupital) attended the deceased from at in imy) jours opinion death accurred on the Sate and hour and from the course stated 77h SIGNATURE RECTOR | STAFF 224 PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIEY) Burial

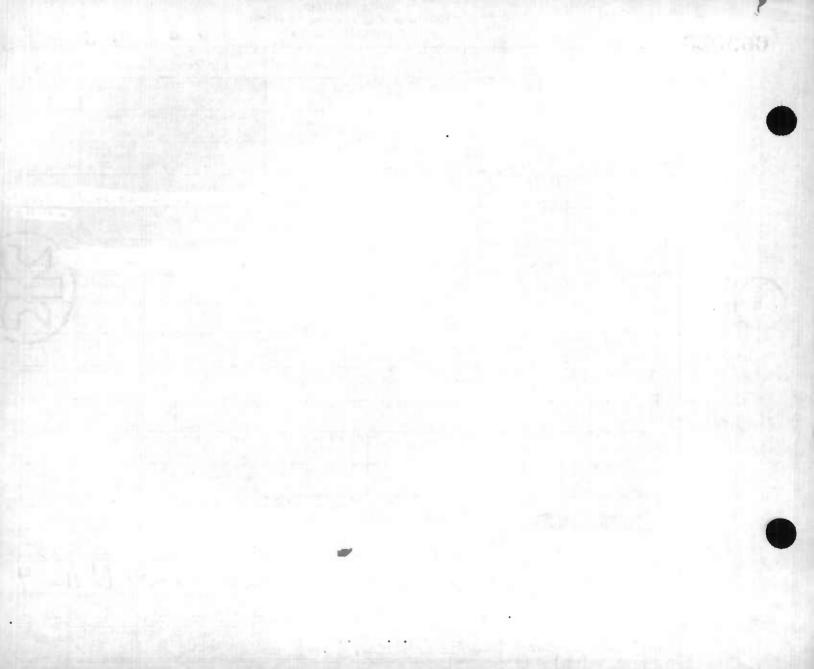
Mar. 3, 1986 Gate of Heaven Cemetery Silver Spring Montgomery Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

COUNTY

STATE

24 FUNERAL DIRECTOR lines/Kinaldi Funeral Home Silver Spring, Md.

1986 MAR



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 042093 - STATE REGISTRAR 1. DECEASED NAME Scheiblein 20 DATE KNOWN (TYPE OR PRINT) PRECHTEL OF ESTI EVELYN DEATH MATED 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCE FEMALE 1908 White DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED Y Mar vland USA DIVORCED BALTIMORE 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ETYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Timonium 402 Ivv Church Road, 21093 Homemaker JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 402 Ivy Church Road, 21093 YES Maryland Baltimore Timonium 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Clarance Scheiblein Hilda Franklin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-09-0980 No 1017 18 CAUSE OF DEATH (Enter only one couse per line to (a) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE NOT WHILE 22a I certify that I took charge of the remains simple above, held on Autopsy ond in my opinion PAGE 4 SHOULD BE F TO FUNERAL DIRECTORY AFTER DEATH, WITH THE BAUTIMORE, MARYLAN death resulted from: Natural cau Accident Homicide Undetermined monner Charles F. O'Donnell. MD (TYPE OR PRINT) ADDRESS. COUNTY STATE 2/10/86 Dulaney Valley Mauso-Timonium (Burial BP Balto DHMH - 17 LFR O (VR A15 ME (5)) Lowell Lemmon, 10 W. Padonia Ro 20M 4 '82

STATE OF THE STATE YTHE IS SHATELING TO SELECT A The state of the second st STREET, DAVID STREET, STREET, The state of the s Charles S. a. number 1 . See 102 . See 102 The state of the s Petrinsen in the state of 

						STAT	E OF MARYLAND						
	1.	FOR STATE			DEPAR		EALTH AND MENT		ENE 8 6	Ω	7 8	15	7
041163		REGISTRAR				CERTIF	ICATE OF DEATH	Н	REG.	NO.	0 0		1
		CEASED NAME	FIRST		MIDDLE	ME	AST		20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	₹
oge 3 death	(IIVE		Blanc	ho	Tr	D	riest			2 4	86	1954	AM
. Spd &	3 SE			4 RACE	15.6	S. DATE O	OF BIRTH		AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER	a 3485.
1000		Tlomolo		Whi	+0	MONT		AR 399	86	YRS.	ONTHS DAYS	HOURS	WIN.
A ( ( ) 1/2	To. BI	Female RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY	? B.		_ (	BALTIMORE CITY		OF DEATH		
(金) ( 4 ) ( 4 )		OUNTRY)		TT C	A		D NEVER MARRIE						
	10. CI	Pa. TY OR TOWN OF DEAT	Н	11. NAME OF	HOSPITAL, NURS	ING HOME	DIVORCE  OR OTHER INSTITUTION		Baltimor		12b. KIND C	F BUSINES	MD.
8 1 119/					CH FACILITY, GIVE STRE				TT TT		INDUSTRY	-	
4 5 11/19	GZ.	tonsville	G HOME OR		an Nursi		e		Housewif		: 11	150	m.
2 33 3/1	13e. S	TATE	36 COUN	YI	13c. CITY OR TO	WN	134. INSIDE CITY LIM		13e. STREET ADDRES			977	17
AN TO THE PART OF		Pa.		V	Peckvil	le	YES X NO [	_	606 Main	St.	#18	452	/
1 15 12	Jan.	THER'S NAME		MIDDLE	LAST				1110015		LA		
1 10/4/		James			Curtis			zabet		DECC - D.		cher	
# 1 2 4 4 7		VAS DECEASED EVER IN		MED FORCES? E WAR OR DATES)	16b. SOCIAL SEC	CURITY NO.			Eldon Rado			•	
Me a a a a					160-50-	9323	Mrs.Ida E	mma	Leber	#21	.229		
BAL are oper vol. t, th		18 CAUSE OF DEATH	(Enter on	ly one couse pe	er line for (o),	nd (ct.)	hack a	6	2714		BETWEEN	MATE INTER	SEATH
ST.,				E CAUSE (o)		1124	monie	1	1/9/4		4		145
DN inding or r				DUE TO. O	OR AS A CON	UENCE DE	12/6		Mari	4-			
deot deot fion, our		Conditions, if ony,		( Ib)_	1	1 41	124/1	OF	145681	10	(0)	- (1a	LKI
W. PRESTON ST  the deoth cert  y the ottending I  se remove corbon  cremotion, or rer  ther froumotic ev		gove rise to imme couse (a), stating	the	DUE TO. C	OR AS A CONSTO	DENCE OF	t with	2 /	8/201	2200	0	1.	6/1
	-011	underlying couse	lost.	(c)_				1 1		7172 J		1	
med the plea		PART 2. OTHER SIGNI	FICANT	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CO	ONDITION GIVE	N IN PART 1	0	
RDS n sign Ther n to k	NO NO												
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r attending physicion. As the burioltrons permit. Then th and Mental Hygiene prior to b orked or them 18 shows ony injury	CERTIFICATION	190 DATE OF OPERATI	ON	196. CONE	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED		28s AUTOPSY?		WERE FINDI		
he lo	Ē			91.8					YES NO		ING CAUSES	NO [	
VIT Nysica conte	8	210. ACCIDENT WAS UNDE		110100	OF INJURY	W VF18	21L HOW INJURY O	OCCURRE	D TENTH NATURE OF P	SURT IN THE 18 PA	ART I OR PART 2)		
OF CLIAT	¥	OR CONTRIBUTING CA			A.M. MONTH P.M.	DAY YEAR							
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VISION THE NAME OF	¥	WHILE NOT WHILE	E 🔲	(AT HOME, S	TREET, FACTORY, OFFICE	E, FARM, ETC )	10 10		CITYDE	Tirlo	2%	51	ATE
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GATIAGA"	23o. E	SURIAL, CREMATION, R SPECIFY) Burial	EMOVAL	23b. DATE			EMETERY OR CR	ATORY (	Blake	11 0	COUNTY	2 3	ATT C
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DHMH - 16 50M 4/82	TO F	INERAL DIRECTOR	Sille		35/2 ADDRESS	CEDER	CK AUS.		REC'D. BY REGISTR			URE	

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	*
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D 2 2 2 2	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME				D OF BUSINESS OR
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p oldu		William Slag	MIDDLE LAS	51	Flizal	beth Samilton		LAST
d cort		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDR	Baltimore	Md
ond c Poges	(	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	4-5991	Nancy Cick	howicz 3801 Fo	ster Avenue	21221
te bi		18 CAUSE OF DEATH (Enter o			I Walley Little	HUWILZ SOUL TU	APPE AVEILUE	ROXIMATE INTERVAL EN ONSET AND DEATH
phys phys move went,	100	PART I. DEATH WAS CAUS	ED BY:		renua		BETWE	EN ONSET AND DEATH
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eoth Henc on, c	110	Conditions, if any, which	DUE TO, ON ALCON	SEQUENCE OF	pront-	-conoen:		
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by the		underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF			1	
ned plec	3	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART	110
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w re beer mit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	
he lo on. hos ene	TIFIC					YES NOW	YES	SES OF DEATH?
N. T. Wysica	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	D.W. WEAR	21c. HOW INJURY O	CCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART.	2)
Clay ph	CAL	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	200			
HYS! HYS! Iding the purity of the purity or the purity of	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	OWN COUNTY	STATE
G Pler the er the ond wed the d	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COGNIT	STAIL
or or se or more more	177	22a.1 certify that (I) (this hosp	ital) attended the deceased	from	, 19	, to	. 19	_, that (I) (we) last
TTEN Pitol TOR for u of H <sub>i</sub>	100	sow the deceased alive or	ot) view the body after death	_19, o	nd that in (my) (our) op	ornion death occurred on the d	ate and hour and from 1	the causes stated
R A hosi		226. SIGNATURE	The view the body after death		DEGREE		22¢ DA	ATE SIGNED
the Date Date Date Date Date Date Date Dat		ax c	Hours	MILL	M ATTENDIR	NG MEDICAL STA	FF 2/5	5/86
SPITA J by VERA VERA De de		27d. PHYSICIAN'S NAME (TYPE	OR PRINT)			ella Maris Hos		
TO HOSPITA TO FUNERA should be d with the Sto		Kendall R. H	aulkner, M.D.			aney Valley Rd		MD 21204
5 5 5 4 × 1 × 1 × 1 × 1	23a I	BURIAL, CREMATION, REMOVA	23b DATE	23t NAME OF C	EMETERY OR CREMATO		· TOWSOII,	TID 21204
BP_		SPECIFY) Burial	2/8/86		of Faith (	CITY OF LOUIS	CO Md	STATE
		INERAL DIRECTOR Dippe		es. Inc		DATE REC'D. BY REGISTRAR	e Co. Md. 25b. REGISTRAR'S SIGN	IATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		Din 7110 Bela	ir Rd. Baltimo	ore, 11d.		FEB U 6 1986		
								AND A WALL MANAGEMENT

TO FUNERAL DIRECTOR After this certificate has be

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	/	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	).	0	
X		CEASED NAME FIRST		MIDDLE	t	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
ζ,	Titre	GEOR!	JE WA	SHINGTON	I RA	DER	FEBRUARY	,	986	6:21 a
	3. SE)	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS
ij		Male	Wh	ite	9 MONTH	23 1903	82	YRS	NIHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY C	FDEATH	
7	Wes	st Virginia	U.	S.A.	WIDOWE		BALTIMO	RE CO	UNTY	MD
1	1	SSVILLE	(TENOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET A IN Square	ADDRESS)	ital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		INDUSTRY	el Mfgr.
1	13a S	AL RESIDENCE (IF NURSING HOME OF STATE aryland Balt		13t. CITY OR TOWN Essex		YES NO X	13. STREET ADDRESS / 127 Conesto		. Esse	21221 x, Md.
5	) FA	THER'S NAME Clark	MIDDLE	Rader		15. MOTHER'S MAIDEN NAM FIRST Nora	WE		Hoff	
		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		21403
	()	yes no or unknown) 1927	-1930	215/07/4	524	Judy J. Jones	s 1236 Tyles	c Ave.	Annap	olis, Mo
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per D BY: 'E CAUSE (o)			ONARY ARRES	Tr.		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	NOI	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	(0)_	r as a conseque	NCE OF	RAL BLEED	inal disease or cond	DITION GIVER	N IN PART 16	a
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, Y IN CERTIFY! YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	(IR	PFINJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY OCCURR			T I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	REET, FACTORY OFFICE FA		211 LOCATION STREET	CITY OR TOV		COUNTY	STATE
		220.1 certify that MT (this hospi saw the deceased alive on above, (IL (we) (did) (did) 22b SIGNATURE	FEBRUA	RY 11,8		ARY 27, 19.00 and that in (corr) (our) opinion of DEGREE	to FEBRUAL death occurred on the do		and from the	
1		Leter A.	13 am	M	1	nn ATTENDING PHYSICIAN	MEDICAL STAF		2.	-11-86
		LESTER A.	BANKS	MD		9000 FRAN	KLIN SQUAI	RE DRI	IVE	21237
		SURIAL, CREMATION, REMOVAL	236 DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	2/14/	1986 Oal	k Law	n Cemetery	Baltimore			STATE
	24 FL	JNERAL DIRECTOR				25g. DATE	REC'D. BY REGISTRAR			LIRE

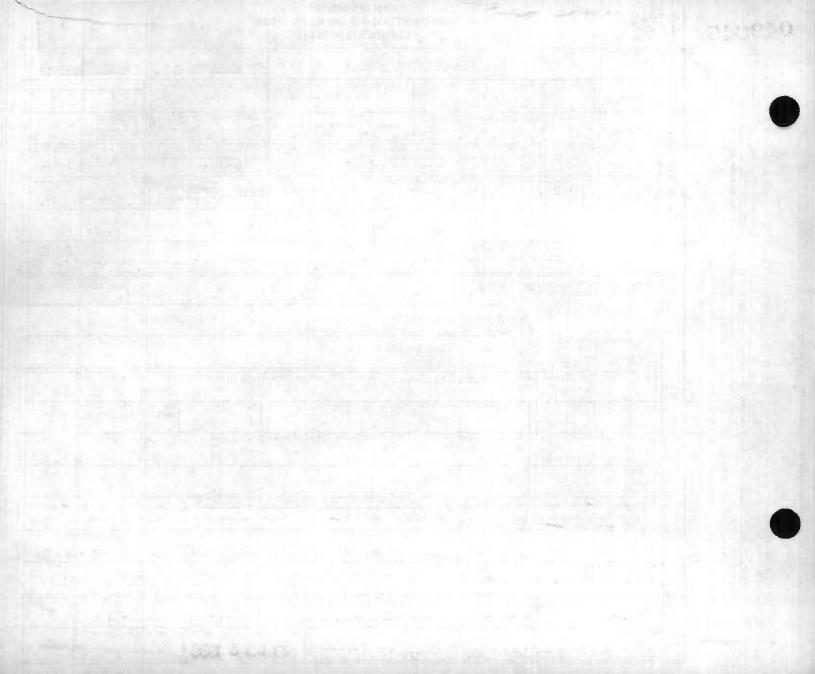
DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Walter Brooks Bradley Inc. Balto., Md. 21222

136 DATE REC.D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	ERAL DIRECTOR: After this certricole has been signed by the attending physicion and completely filled in Be detached for use as the burnal-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within 72 haurs after de	PITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 having affect the face 4 may by the hospital or attending physician.		DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120
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X 77	1986 10:15M FUNDER I YEAR HE UNDER 24 HBS ONTHS DATS HOURS MRN. OF DEATH UNTY MD. 17b. KIND OF BUSINESS OR INDUSTRY
Orin K. Ragland Jr. February 17, 3.5ex    ARCE   S. DATE OF BIRTH   March 12, 1911   March	1986 10:15M FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DATS HOURS MRN. OF DEATH UNTY MD. 17b. KIND OF BUSINESS OR INDUSTRY
Male White March 12, 1911  74  YRS.  WONTH  WHATCH 12, 1911  74  YRS.  WHATCH 12, 1911  WARRIED A NEVER MARRIED BALTIMORE CITY OR COUNTY OF MARRIED WIDOWED DIVORCED BALTIMORE COUNTY OF B	FUNDER 1 YEAR IF UNDER 24 HRS.  DATS HOURS MIN.  DF DEATH  UN TY  126. KIND OF BUSINESS OR INDUSTRY
Male White March 12, 1911  74  YRS.  WONTH  WHATCH 12, 1911  74  YRS.  WHATCH 12, 1911  WARRIED A NEVER MARRIED BALTIMORE CITY OR COUNTY OF MARRIED WIDOWED DIVORCED BALTIMORE COUNTY OF B	OF DEATH  UNITY MD.  126. KIND OF BUSINESS OR INDUSTRY
Male White March 12, 1911 74 YRS.  White March 12, 1911 74 YRS.  WE BIRTHPLACE (STATE OR FOREIGN COUNTY)  Maryland U.S.A. WIDOWED DIVORCED Baltimore County of Wildows Divorced Divorce	unty MD.  126. KIND OF BUSINESS OR INDUSTRY
Maryland  U.S.A.   Markied   Markied   Baltimore Cou	Inty MD.  126. KIND OF BUSINESS OR INDUSTRY
Maryland U.S.A.   WIDOWED   Baltimore Cou	126. KIND OF BUSINESS OR INDUSTRY
TO CITY OF TOWN OF DEATH III NAME OF HOSPITAL NUIPSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION	INDUSTRY
Rossville Franklin Square Hospital Baker Ret.	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  130 STATE  130 COUNTY  130 STREET ADDRESS / ZIP CODE	21236
Maryland Baltimore Fullerton VES NO Marjeff Pl	ace Apt. B
IN FATHER'S NAME  IN FATHER'S NAME  IN FIRST  MIDDLE  I AST  I S. MOTHER'S MAIDEN NAME  FIRST  MIDDLE	LAST
orin K. Ragland Sr. Lotte	Nagel
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2	1236
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2 NO NO GRUNKNOWN) (IF YES, GIVE WAR OR DATES) 212-07-9793 Laura G. Ragland 4002 Marjef.	f Place Apt B
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (D) Renal Cell Carcinoma	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (1b)	
gave rise to immediate cause (a), stating the underlying cause last.	A Section
‡ per 5	1,000
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART ITO
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 196 AUTOPSY? 186 IN CERTIFY YES X NO 196 OF 186 OF	WERE FINDINGS USED
YES X NO YES	ING CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY HOUR AM MONTH DAY YEAR	
DE DE TENENT DE CAMER OF DEATH   HOUR A.M. MOININ DAT TEAR	
부 등 보호 > 등 # Q 11d INJURY OCCURRED 121e PLACE OF INJURY 1211 LOCATION	
WHILE NOT WHILE AT WORK AT WORK AT WORK	COUNTY STATE
220 2 1 Certify that W (this hospital) attended the deceased from January 19 19 86 to February 17	86 , that <b>x</b> (we) last
220 I certify that W (this hospital) attended the deceased from January 19, 19, 86, to February 17, 19, 86 sow the deceased alive on February 17, 19, 86, and that in the control of the date and hour of above. We well (did) (25 - 4) view the bady after death	and from the couses stated
	224 DATE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12/17/86
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
	ive 21237
1730, BURIAL CREMATION REMOVAL 1736 DATE 1736, NAME OF CEMETERY OR CREMATORY 1736 LOCATION	IVE
BP Burial Feb 20 1986 Lakeview Memorial Sykesville	Maryland
24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25), REGISTR.	AR'S SIGNATURE
(VRA 15, 4) Leonard J. Ruck, Inc. Baltimore, Maryland FEB 18 1986 Julia Ba	widson-Randelle

Logiery J. Buck, Inc. Bellifore, Erryland

055151

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE YEAR 2h HOUR (TYPE OR PRINT) Ragolio John February 15, 1986 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3'SEX 4 RACE January 1. 1898 Male White 88 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED COUNTITIALY U.S.A. Baltimore County. WIDOWED DIVORCED [ IR CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 18 18 Bengies Road INDUSTRY Middle River 21220 Owner/Operator Food Vender USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Baltimore 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Middle River 818 Bengies Road 21220 NXXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDI E LAST FIRST Ragolio Geronimo Unknown ADDRESS 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 218 01 1142 Anna Rita Szczerba (Daughter) Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Probable IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Anterio selevater Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this becomed) attended the deceased from 101 saw the deceased alive an\_ and that in (my) (and opinian death occurred an the date and have and from the causes stated above, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MD ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS D. Bulto, 21237 SHERBOURNE

23¢ NAME OF CEMETERY OR CREMATORY

Funeral Home PA 1407 Old Eastern Ave.

Holly Hill Memorial Garden

Burial

230 BURIAL CREMATION REMOVAL

ruzdzinski

DHMH - 16 60M 7/B4 (VRA 15, 4)

old the

00

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Baltimore County, Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

The contract of the contract o

Marie Theresa Rainef

126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home 13e STREET ADDRESS / ZIP CODE 1710 Eastern Ave Essex, Maryland 21221 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 901 EASTERN BIUD BALTO MD 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 2/20/86 Sacred Heart of Jesus Cem. Baltimore Maryland Old Eastern Aves Funeral Home (PA

055150

FOR - STATE

REGISTRAR

DECEASED NAME

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO

MONTH

26. HOUR

IF UNDER 1 YEAR DAYS

20 DATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

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) 1	DEC	EASED NAME	FIRST	-		MIDDLE			LAST				KNOWN		H DAY	YEAR	2b. HOUR
L	(TYPE	OR PRINT)	Raymo	nd		J.			Rata	jezak		OF DEATH	MATED	Feb.	. 21	1986	9:21
3.	SEX		4. RACE	5 DATE	OF BIRTH	YEAR	6. AGE (IN YEA	RS IF UN		. IF UNDER	24 HRS.	2c. DATE	NCED	MONTH	DAY	YEAR	2d. HOUR
L	Ma		White	May		1923	62 YR		DATS	HOURS	MIN	DEAL	)	Feb		219 86	4:0
7	6. BIR	THPLACE (ST	ATE OR		ZEN OF WH.		RY?			NEVER MARR	IED 🗆			Y OR COUP		DEATH	
1,0		Y OR TOWN			U.S.A.	-	SING HOME	WIDOW			ED E			TYPE OF WORK		INID OF BU	MD
1		Dundall		(IF NC	OT IN SUCH FAC	ILITY, GIVE STR	L Aven	, OR OTH	K INSTIT	UTION	FOR.	MOST OF WOR	RKING LIFE	TYPE OF WORK	O	R INDUSTR	RY
U			IF IN NURSING HOME O	OR OTHER INS		RESIDENCE 8	EFORE ADMISSIO	(N)							Pos	st Of:	rice
	o ST	yland	136 COUNT	timo	TO	Dund:	OR TOWN		13d. INSIDE	CITY LIMITS?		EET ADDRI		Avenu	. 1	#2122	2
		THER'S NAME								HER'S MAIDE				WACIIO			۵
D	) ]	Frank		MIDDLE			atajcz	ak		Eva		^	AIDDLE			cowsk:	i
16	ba. W	AS DECEASED		MED FOR	CES?		AL SECURITY		17. INFO	RMANT			ADDRI	ESS			
L	_	Tes		II			-14-42	46	Ray	nond J	Ra	tajcz	ak Jr	c 46		Dunda	
l		18 CAUSE OF	F DEATH (Enter onl ATH WAS CAUSED	ly one cau	use per line f	or (o), (b),	ond (c).) Intrac	ereh	Fer	Hemorr	hare				BET	APPROXIMATE	INTERVAL I AND DEATH
			IMMEDIAT		(0)		SEQUENCE C		r ctr	11010011	nage				-		
			s, if any, which	4	OL TO, OK A	13 A CON	SEGOEINCE C	75									
		cause (a)	e to immediate stating the <u>under-</u>	3 DI	(b) UE TO, OR A	AS A CONS	SEQUENCE C	)F							+		
		lying cou	se last.		(c)												
		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTII	NG TO OEATH BI	JT NOT RELAT	EO TO THE TERMI	NAL OISEASE	OR CONDIT	ION GIVEN IN PA	RT 1 (a),						
4	Į.	19a. DATE OF	OPERATION	Inc	Sh CONDITI	ON SOR W	/HICH OPER/	ATIONI M	A C DEDEC	DAMED 3	4				Iso		
1	5	THE DATE OF	OFERATION	"	B. CONDIII	ON FOR W	THICH OPEK	ATION W	43 PERFC	DRMED!						AUTOPSY?	
1	<i>a</i>		L CAUSE WAS		Ib. TIME OF			21c. HC	JULNI W	RY OCCURRE	D (ENTER	NATURE OF IN	UURY IN ITEM	A 18 PART 1 OR F		YES 📙	NO M
		UNDERLYING CONTRIBUTIN	OR CAUSE OF E		HOUR A.M. P.M.	MONTH	DAY YEAR										
	MEDICAL	21d. INJURY C	CCURRED		e PLACE O		(AT HOME.		ATION			CITY OR TO	MACE		OLINE		67.475
	2	AT WORK	NOT WHILE C			,						CHYORIC			OUNTY		STATE
1		22a. I certif	y that I taok charg	je of the re	emoins desci	ribed obov	e, held an	Autops	y 🔲.	Inspectio	n X	Inquiry	AX.	ond in my o	pinion	le Ji	
		death resulte	ed from: Natur	ral causes	X	Accident	, Sui	cide .	Hon	nicide .	Undet	ermined m	onner [	].	1	,	,
		ACTUAL	TOW	A a.	M	Malt	-		ME	(SPECIFY)				DATE		2/27	-191
-		SIGNATURE_	9. C Wed	40/V	, 02	rwig		M.	D. 300	par	MED	ICAL EXAM	MINER	SIGN			126
		EXAMINER'S I	NAME J. C.	01	Donova	n M.I	)_		ADDRESS	2112	Dun	dalk	Awan	710 H	21222	2	
23	3a.BU	RIAL, CREMAT	ION, REMOVAL 2				AME OF CEN					CATION	Avell				
	(SP	Burial		Feb.	26.		. Stan			emeter	y B	altim	ore.		UNTY	M	d.
		NERAL DIREC	TOR							25a. DATE	REC'D. BY	REGISTRA	AR . 256. RI	EGISTRAR'S	SIGNAT	TURE	367
G	eo	rge A.	Weber &	Sons	Inc.	- 705	S. Ar	nn St	•	1	04	5 198	U			. 1	

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.12 HEA . 207 -, selected a trool . , or toels .

Edmondson Ave.; Catonsville, Md. 21228

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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	- S	OR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	0	S O REG. NO.	3 8	6 6	
	DECE	ASED NAME FR	st /	MIDDLE		IAST /	20 DATE OF D		DAY YÉAR	26 HOUR	-
1	(TYPE OR	Allen	Decker (	Reicher	t)	1 2 1	Febr	ruary 19.19	86	12454	_
	3 SEX	711	4 RACE	1	5 DATE	OF BIRTH	6. AGE PINYEAR		IF UNDER I YEAR	IF UNDER 24 HRS	-
ı	Male		Caucasian		Decem	ber 28 1914 YEAR	71		MONTHS DATS	HOURS MIN	
		HPLACE (STATE OR FOREIG		WHAT COUNTRY?		Ÿ		VRS COUNT	Y OF DEATH		_
1	Mary]	INTRY	U.S.A.		MARRIE		Baltimor	e County		4.4	0
		OR TOWN OF DEATH		HOSPITAL, NURSIN	WIDOW	OR OTHER INSTITUTION	12a USUAL OC		12b. KIND (	OF BUSINESS OF	_
	Randa	INDUSTRY Decker	Reichert								
	130 STA Mary]		ome or other institution. COUNTY <b>timore</b>	13c CITY OR TOW Randallst	VN.	13d INSIDE CITY LIMITS?	3445 Car	DRESS / ZIP COD	Cir.	21133	
-	14 FATH	HER'S NAME	AL DDIE	LAST		15 MOTHER'S MAIDEN NA			1		_
Î	Alfre	ed Nicholas Re	ichert	IASI		Valerie J. Sch	reiber	MIDDLE	LA	\$1	
		S DECEASED EVER IN U.		166 SOCIAL SECT	JRITY NO.	17 Mrs PMLeonora H	. Decker	ADDRESS	4	21133	_
	No (YES.	, NO OR UNKNOWN) (IF)	VES, GIVE WAR OR DATES	220-32-30	52	3445 Carriage	Hill Cir.	Randallst	town M	aryland	
	CERTIFICATION	Conditions, if ony, whis gove rise to immedia couse to, stating to underlying cause to ART 2 OTHER SIGNIFIC TO DATE OF OPERATION TO CONTRIBUTING CAUSE	DUE TO, O  ch the be to to the	R AS A CONSEQUENT OF INJURY M. MONTH D	ENCE OF	T NOT RELATED TO THE TERM  WAS PERFORMED  276: HOW INJURY OCCUR!	280 AUTOPS	SY? 20b. IF YE	ES, WERE FIND! IFYING CAUSE!	INGS USED	=
	21 22	(IF EITHER HOTHY MEDICAL EX IND IN INDICATE THE INDICATE	21e. PLACE	OF INJURY DEET, FACTORY, OFFICE, I	-	nd that ((m)) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	2	STAFF		tha (1) (we) lose couses stated E SIGNED	51
	230 BUR Buria	RIAL, CREMATION, REM	2/21/86			CEMETERY OR CREMATORY Cemetery	Paltimo		COUNTY M	aryland	
	24 FUNI	ERAL DIRECTOR LOTI	ng Byers Fund	eral Direct	ors, I	nc. 25E PAI	E REC'D BY REC	SISTRAR 256 REGIS	TRAR'S SIGNA	TURE	_

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

8728 Liberty Road Randallstown, Maryland 21133

53002.0

SANE CARROLLE CE. SINGLE SECTION AND ADDRESS. inesol A signal .edf

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

0 3 8 6 /

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.				
	CEASED NAME	FIRST		MIDDLE		LAST	2a DA	ATE OF DEATH	MONTH	DAY YE	AR	26 HOL	JR
(1172	OK PRINT)	GLADY	S	В.	1	REIGLE	F	'ebruary	12	1986		1	M
3. SEX		100	4 RACE		5. DATE C	OF BIRTH		IN YEARS LAST BIR		IF UNDER I	YEAR	IF UNDER	
Fem	ale		White		Augus	st 15, 1915		70	YRS		DAYS.	HOURS	MIN.
	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY	? 8		9 BAL	TIMORE CITY			ſН		-
	yland		U.S.A.		WIDOWE	D NEVER MARRIED		altimor	e Cor	1n+11			ME
	TY OR TOWN OF	DEATH	11. NAME OF		ING HOME C	OR OTHER INSTITUTION	12a U	SUAL OCCUPAT	ION	12b KI		F BUSIN	
Tow	son			Charles		, C+		of work for most of retary	)F WORKING			m-1	1
USUA	L RESIDENCE (IF		ROTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION	- 17 / - 1					Р.	Tel	-
13a S Vlar	yland	Ral	timore	Towsor		YES NO THE		REET ADDRESS					204
	THER'S NAME	Dai	CTMOLE	1 10w501	1	15 MOTHER'S MAIDEN		20 Char	Les V	alley	Ct	· · · A	ot.I
	William		MIDDLE	LAST		FIRST		MIDDLE			LAST		
16a M	AS DECEASED EV		MED FORCESS	Barnes		Vila 17 INFORMANT		ADDRI	FSS	В	roh	awn	
(Y	ES. NO OR UNKNOWN		VE WAR OR DATES	212-05									
No				212 03	1/21	Shirley R.	Barn	es -116	Marg	rate R	d.		093
	18 CAUSE OF DE	H WAS CAUSE	nly ane cause per	line far (a), (b), a	nd (c	11.				BETY	WEEN C	MATE INTE	DEATH
			TE CAUSE (a)	Cors	rang	the they	) (fle	ce		/	1	e yr	1
			DUE TO, O	R AS A CONSEQ	JENCE OF	0 0 10		, ,			-	, '	
	Conditions, if o	ony, which	( b)		DIA	betes 11	vel	elen			5	no	-
	gave rise to	immediate	(6)									1	
	cause (0), st underlying co		DUE TO, O	R AS A CONSEO	JENCE OF								
			(c)										
_	PART 2 OTHER S	IGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINALD	ISEASE OR CON	DITION	IVEN IN PA	RT lic	)	
CERTIFICATION													
CAI	190 DATE OF OPE	RATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a	AUTOPSY?		ES, WERE F			
TE							YES	OON O		YES 🗌	0363	NO [	
CER	21a. ACCIDENT WAS	UNDERLYING	21b. TIME C			21c. HOW INJURY OCC	CURRED (E	NTER NATURE OF INJU	RY IN ITEM 1	8 PART I OR PA	RT 2)		
	OR CONTRIBUTING		WILL .	M. MONTH I	DAY YEAR								
MEDICAL	21d INJURY OCC		21e PLACE	M. OF INJURY	19	211 LOCATION							
ME	WHILE NO	T WHILE	(AT HOME ST	REET, FACTORY OFFICE	FARM ETC )	STREET		CITY OR 10	)WN	COUN	TY		STATE
H		WORK				15 4 7		1=	100	(he)	_		
1				e deceased from		nd that in my (aur) apini	, to			19_4		that (1) (	
100	above (I) (w	e) did (did no	at) view the Body	after death.	_		non dearn a	ccurred on the d	are and n				
	226 SIGNATURE		1/-	00		DEGREE	a A.co			220	DATES	SIGNED	1,
	10	ann	CLU	uly		ATTENDINO PHYSICIAN	NED	CTOR PHYSIC	IAN [		41	13	18
2.5	22d. PHYSICIANS	NAME (TYPE	OR PRIMET)	/		22e ADDRESS							
	Dr. Ja	mes A.	Ouinlan			7801 Yor	k Rd	Suite	236			2120	14
23a B	URIAL, CREMATIC		-		NAME OF C	EMETERY OR CREMATOR		LOCATION	- And U				
	urial		2-15-	86	Parkwo	Бос	a	arkville		salto.			Md.
_	INERAL DIRECTOR	R	1 2 13			24		BY REGISTRAR			SNATI		id.
	NAME					fork Rd.	FR1	4 1986	1 / 4	Davidsor	75.1	indell	L
CUC.	k Towson	Funera	AL Home,	Inc. T	owson	Md. 21204		- 1000	7				

Towson, Md. 21204

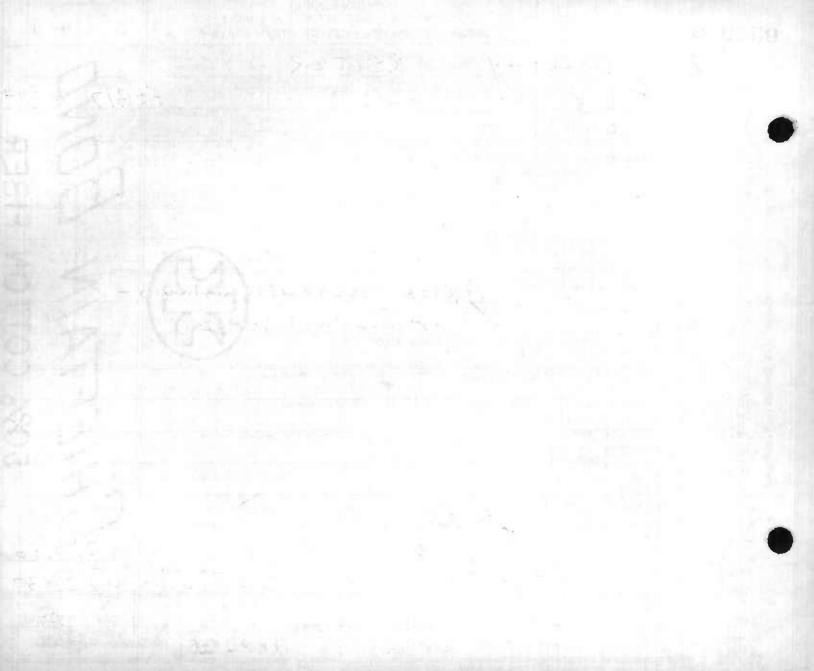
DHMH - 16 60M 7/84 (VRA 15, 4)

Ruck Towson Funeral Home, Inc.

BP.

055076	1-	STATE	MFC	OICAL EXAMINER'S	CEPTIFICATE O	E DEATHO 0	3 8 6 8
03.30.0	1 DE	REGISTRAR CEASED NAME FIRST	77124	MIDDLE	LAST		ONTH DAY YEAR 76 HOUR
2 8 8 8 6 8	(TYF	DORO DORO	THY	REI	TER	OF ESTI-	19
SSARY, PLEASE AL DIRECTOR. 7 YOUR FILES. HIN 72 HOURS	3 SEX	F 1. RACE	Feb. 5	924 6 AGE (IN YEARS IF UI	NDER TYR. IF UNDER	24 HRS. 21. DATE PRONOUNCED DEAD  MON PRONOUNCED PRONOU	317 1986 942
SSAR RAL D R YO HIN J		RTHPLACE (STATE OR	76 CITIZEN OF WH	AT COUNTRYS 19	RIED **NEVER MARRI	9. BALTIMORE CITY OR CO	
N S S S S S S S S S S S S S S S S S S S		orth Carolina	USA	WIDOV	WED DIVORC	Baltimore Co	ounty ME
PAN SEPTION SE	7	TY OR TOWN OF DEATH Rossville	Franklii	PITAL, NURSING HOME, OR OTH CILITY, GIVE STREET ADDRESSI N Square Hospit		Retired-Waitres:	ORK 1126 KIND OF BUSINESS
21201 A A NET A PER	13a S	TATE  Md.  RESIDENCE (IF IN NURSING HOME OF THE PARTY HOME OF THE	R OTHER INSTITUTION, GIV TO .	E RESIDENCE REFORE ADMISSION) 136. CITY OR TOWN ESSEX	13d. INSIDE CITY LIMITS?	950 Woodlynn Ro	ad 21221
EATH. IF FR 3. NND 2 SI	IL E	THER'S NAME CTST de	MIDDLE	Young	IS MOTHER'S MAIDE	NAME MIDDLE	LAST
AFTER DE VE PAGE VE PAGE 1 FORM GES 1 A SION OF	16a \		AED FORCES? WAR OR DATES)	166 SOCIAL SECURITY NO. 243-30-3837	John Rei	ADDRESS ter 950 Woodlynn l	Road 21221
IST., BALTOURS AF HOURS AF A 18. GIVIN HA WITH PAGE WITH	F	IB CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	BY:	for (o), (b), and (c).)	IEROT	IC CARDIO-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ITHIN 24 I SIL IN ITE/ JER ALON AL HYGIE REMOVA		Conditions, if ony, which	DUE TO, OR	AS A CONSEQUENCE OF	AR PUS		
W. WENC		gove rise to immediate couse (a) stating the <u>under</u> lying cause last.	(b) DUE TO, OR A	AS A CONSEQUENCE OF	1010 1713	VIOSE	
S, 201			(c)				
ORD DING DING DICA BITA A BI	NO	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a	
VITAL REC SHOULD B ORD "PEN CHIEF ME E USED AS TOF HEAL	CERTIFICATION	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPERATION V	VAS PERFORMED?		20 AUTOPSY?
- m - m -		210. EXTERNAL CAUSE WAS	21b. TIME OF		IOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PART )	OR PART 2)
ISION OF ERTIFICATE ING THE V ED TO THE S SHOULD PEPARTME	5 3	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M.	MONTH DAY YEAR			
PIN SCIENCE SC	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O STREET, FACTO		OCATION STREET	CITY OR TOWN	COUNTY STATE
WER: TH CATE, W FORWA FORWA THE STA NND, 21:		22e I certify that I box charg	e of the chaptin desc	ribed obove, held an Autor	osy . Inspection	Inquiry . and in m	ny apinian
<b>₹</b> ₫₩ <b>0</b> ±2		death resulted form Natur	ol courses	dent , a Suicide _	Homicide .	Undetermined manner,	1
CAL EXALPINE CER PHOULD PIRE ATH, WILL WILL WILL WILL WILL WILL WILL WIL		SIGNATURE ON	1/1/	ner-	NO DEPUT		ATE 2/18/86
TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFTER DEATH, WITE BALTIMORE, MARY	2	EXAMINER'S NAME OF	TULK	GUERIN	ADDRESS	BALTMORE.	MO 21237
	23a.8	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CEMETERY C		23d. LOCATION CITY OR TOWN	county State
07/84 BP		Burial	2/21/86	Holly Hill (	LA DAIE		R'S SIGNATURE
DHMH - 17 (VR A15 ME (5))	(	Connelly Funeral	Home 300	Mace Ave. 2122	21 FE	3 20 1986 Julie De	Mdon-Mondall

STATE OF MARYLAND



Glen Burnie, Maryland

(VRA 15, 4)

Singleton Funeral Home

FER 13 MB 201 1947

Mire ell - lede eld home 6500 Years ad.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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- [	KEGIST	NAN							REG. N	0.			
	DECEASED	NAME	FIRST		MIDDLE	^	LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
1	(TYPE OR PRINT)		EM	MA	L.	RICE				2 - 9	5.86	4.291	
1	3 SEX		CUU	4 RACE			OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
	Female			White Ma		May	y 29,1895 YEAR		90	YRS	MONTHS DAYS	HOURS MIN.	
1	TO BIRTHPLACE (STATE OR FOREIGN		ORE IGN	76 CITIZEN OF WHAT COUNTRY? 8			NEVE	MARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH				
2	Md.			USA WIDOWE			ED 🖪	DIVORCED [		Baltimore County MD.			
Randallstown		town	(IF NOT IN SUC Ba.	H FACILITY, GIV	NURSING HOME ( VE STREET ADDRESS)  re County			170 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Housewife	F WORKING LIF	126 KIND O INDUSTRY	F BUSINESS OR		
1	USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COUL		G HOME OR I			RTOWN	13d INSIDE CITY LIMITS? YES  NO		13e.STREET ADDRESS / ZIP CODE 507 Hilltop Terrace 22301				
1	14 FATHER'S	NAME					15 MOTHE	S MAIDEN NA	ME				
	F	George	2	Frederi	ck	Gross		Emma	Virgini	.a	John	ston	
2		WAS DECEASED EVER IN U.S. ARMED F (YES, NO OR UNKNOWN) (IF YES GIVE WAR (					17 INFORA	INA	ADDRI	SS			
	(1ES, NO OR			220-44-2948		Mrs.	Mrs. Patricia Martin Same						
	gove couse underly	ions, if any, rise to immi (a), stating ying cause	which ediate the lost.	(c)	R AS A CON	NSEQUENCE OF			DIC AR				
ATION	NO	S E-	201	20 1.	0150	WHICH OPERATION	R, G	LAUC	200 AUTOPSY?	-Sc	VD.		
	TIFIC								YES NO YES NO NO				
	OR CONT	RIBUTING CA	LUSE OF DEAT	P./	M. MONT	TH DAY YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)		
1	WHILE AT WORK	URY OCCURRE	E	(AT HOME STR		OFFICE FARM, ETC.)	211. LOCAT		CITY OR TO	WN	COUNTY	STATE	
	saw	220. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19 that (ii) (we) last saw the deceased alive on 19 that (ii) (we) last obove, (I) (ye) (did) (dig not) view the body after death.											
								MEDICAL STAFF DIRECTOR PHYSICIAN 2.5.86					
		PURUS HOLLAM MITTA											
	230. BURIAL, C	REMATION, R	EMOVAL	Feb.7,	1986	Baltimon			23d LOCATION CITY OF TOWN  Baltimo	re	COUNTY	Md. STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland Baltimore

Add Add

Limitalistenii Baltimore County General Mosel Boundaile

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FB07 998 July 2014

STATE OF MARYLAND



051119	1	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND EALTH AND MENTAL F ICATE OF DEATH	IYGIENE 8	6 REG. NO.	0 3 8	7 4
oge 4 may be inector, page 3 our after death	3. SE	male		RACE White		5. DATE O	of Birth Day 1912 YEAR	6 AGE (III	DE DEATH MONTH	IF UNDER LYEAR MONTHS DAYS	2b HOUR AM
Corner of A	10 0	IRTHPLACE (STATE ORFOCOUNTRY) Washington, ITY OR TOWN OF DEAT  AL RESIDENCE (IF MURSIN	D.C.	U.S.A	OSPITAL, NURS	MARRIE WIDOWI ING HOME ( IT ADDRESS)	OR OTHER INSTITUTION	120 USUA	ORE CITY OR COL LOCCUPATION DORK FOR MOST OF WORK C Elec	12b. KIND OF	BUSINESS OR
ompletely fille.	13a. <b>M</b>	STATE  aryland  ATHER'S NAME  FIRST  William	Balti		Parky: Rider	WN	13 INSIDE CITY LIMITS YES NOX  15 MOTHER'S MAIDEN FIRST  Mary	7911	MIDDLE	code eland Ave.  Bladen	21234
be execution and corresponding in medical		WAS DECEASED EVER II (YES, NO OR UNKNOWN)  NO  18 CAUSE OF DEATH	(#F YES, GIVE W	VAR OR DATES)	166 SOCIAL SEC	5274	Mrs. Ruth	Rider	Same as	11	AATE INTERVAL NSET AND DEATH
equires that the death certificate in signed by the attending physical Then please remove carbon paper to burial, cremation, or removal.	NOI	Conditions, if ony, gove rise to imm couse 101; stoting underlying couse	which ediote the lost.	DUE TO, OR    DUE TO, OR    DUE TO, OR	R AS A CONSEQUENT RIBUTING TO	JENCE OF		RCT,			
SICIAN: The low re ng physician. certificate has beer intol-transit permit entol Hygiene prior them 18 shows any item 18	L CERTIFICATION	19a. DATE OF OPERATI  21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA	RLYING	21b. TIME OI	10.55		21c HOW INJURY OCC	YES 🗌	NO NO	IF YES, WERE FINDIN. CERTIFYING CAUSES ( YES  MIS PART   OR PART 2)	GS USED OF DEATH? NO
NDING PHYSIC ND attending R: After this cer use as the burio tealth and Ment is marked or let	MEDICAL	(IF EITHER NOTIFY MEDIC / 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK AT WORK 22d. I certify that (1) ( sow the decease above, (1) (we) (di	E this hospital	) ottended the	DE INJURY EET, FACTORY, OFFICE,	1-	211 LOCATION STREET  2 9 19 6 d that in (my) (aur) opini	on death occurs	CITY OR TOWN	COUNTY 19 86., 11	STATE  not (I) (we) lost ouses stated
TO HOSPITAL OR ATTEretoined by the hospital TO FUNERAL DIRECTO should be detoched for with the State Dept. of FIMPORTANT: if Item 21		226. SIGNATURE	11/	Shu	ADI,	m M-	ATTENDING PHYSICIAN  220. ADDRESS  7600		STAFF PHYSICIAN	21. DATE S 2-	16-86.
BP		BURIAL, CREMATION, R (SPECIFY) <b>Burial</b> UNERAL DIRECTOR	EMOVAL	23b. DATE 2-19-8		Parkwo		Be	ltimore,	Marytand	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		Leonard J.	Ruck,	Inc.	Baltimo	re, Me		FEB 18		Le Devideor	prophetities.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	1 -	REGISTRAR			DEPAR		EALTH AND MENTAL HY	0 0	G. NO.	0 3	ö	/	
4 4		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEA		DAY	YEAR	2b HOU	R
TA	71		Shawn		P.	R	issmiller		2	17	86	12:2	5
	3. SE			4 RACE		5. DATE C		6 AGE (IN YEARS LA		IF UNDER		IF UNDER	_
		Male	× 1	White		MONTH 5		12	Mac	MONTHS	DAYS	HOURS	
_ ]		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTR	Y? 8		9 BALTIMORE CI	TY OR COUN		ATH		-
35		ryland	Jan. S.	U.S.A	Δ	MARRIE	D NEVER MARRIED 🛣	Baltim	ore. C	ounty			
4	_	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCU	IPATION	12b K		BUSINE	S
0/0	Towson		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  G.B.M.C.  THER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION)				Student		S LIFE) INDL	JSTRY			
70	130.5	STATE	13b COUN		13c. CITY OR TO		134 INSIDE CITY LIMITS?	13e STREET ADDR	ESS / ZIP CC	DDE			
20	_	aryland	Balti	more	Freelan	d	YES NO	1312 W	alker	Rd.	2	1053	3
20	14. FA	ATHER'S NAME	A	AIDDLE	LAST		IS MOTHER'S MAIDEN NA	ME	ni F		LAST		
SIL	100	Patrick		L.	Rissmil	ler	Maureen	1110			Ri1	OV.	
1		VAS DECEASED EVER		AED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	A	DDRESS			Y	
1		No	(III TES GIVE	WAN ON DATES	215-78	-8319	Patrick L.	Ricemille	r - car	mo 2.5	#12		
		18 CAUSE OF DEAT	TH (Enter onl)	v one couse per	line for (a) (b)	and ic		0	- 501	le as	APPROXIM	ATÉ INTÉR	V.V
		PART I. DEATH V	WAS CAUSED	BY:		ionest	unatare H	rest		30.	-	inu	-
			IMMEDIATI	E CAUSE (a)	400000	(/	our oug "			- 1	-	una	1
		Conditions, if ony		( ıb)_	Chron	SUENCE OF	ulmonary	Congestion	n		yea	15)	
		gave rise to im cause (a), stati underlying cause	mediate ng the e last	(c)	Chron RAS A CONSEC Severe	Scolic	osis->typou	Congestion Alaton	D La	eng.	y ea	ye.	0
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2	TIFICATION	gave rise to im cause (a), stati underlying cause	imediate ng the e last.  NIFICANT CO	DUE TO, O  (c)  ONDITIONS CO  tative	Chron  BAS A CONSECT  SEVERE  DITRIBUTING TO  State	DUENCE OF Scolic O DEATH BUT Status	osis->typou	Tumos 200 AUTOPSY?	+ Bra	YES, WERE	ART IIO	OF DEAT	Н
20	CERTIFICATION	gave rise to im cause (a), stati underlying cause PART 2 OTHER SIG	mediate ng the e last.  NIFICANT CO	DUE TO, O ONDITIONS CO TO TO T	Chron  BAS A CONSECT  EVEL  DITRIBUTING TO  SHARE  ITION FOR WHITE  OF INJURY	OUENCE OF Scalic ODEATH BUT Status CH OPERATIO	NOT RELATED TO THE TERM POST Brain IN WAS PERFORMED	200 AUTOPSY?	+ Bra 20b. IF IN CER	YES, WERE TIFYING C.	AUSES (	yer Her GS USED NO	Н
29	CERTIFICAT	gave rise to im cause at a state underlying cause PARI 2 OTHER SIG	mediate ng the e last  NIFICANT CI  Vege  ATION  CAUSE OF DEAT	DUE TO, O (c)	Chron  BAS A CONSECT  POPULATION FOR WHITE  OF INJURY  M. MONTH	DUENCE OF SCOLIC ODEATH BUT SCHOPERATION	NOT RELATED TO THE TERM POST Brain	200 AUTOPSY?	+ Bra 20b. IF IN CER	YES, WERE TIFYING C.	AUSES (	OF DEAT	Н
129	CERTIFICAT	gove rise to im cause at a stati underlying cause PART 2 OTHER SIG CHOOLE 190 DATE OF OPERA 210. ACCIDENT WAS UN	mediate ng the e last  NIFICANT CI  Vege  ATION  ADERLYING   CAUSE OF DEAT  DICAL EXAMINER)	DUE TO, O  ONDITIONS CO  196 COND  216 TIME O  HOUR A.  P.  216 PLACE	Chron  RAS A CONSECT  Sever  DITRIBUTING TO  SHATE  ITION FOR WHITE  OF INJURY  M. MONTH  M.  OF INJURY	DUENCE OF SCALLED ODEATH BUT STATUS CH OPERATION DAY YEAR 19	NOT RELATED TO THE TERY  POST Brain  IN WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION	200 AUTOPSY? YES NO	20b. IF 1 IN CER	YES, WERE ETIFYING C. YES	AUSES (	NO [	1
29	MEDICAL CERTIFICATION	gave rise to im cause at a state underlying cause PART 2 OTHER SIG COUNTY OF DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING []	mediate ng the e last  NIFICANT CO  Vege  ATION  ADERLYING CAUSE OF DEAT  OICAL EXAMINER)  THILE THE	DUE TO, O  ONDITIONS CO  196 COND  216 TIME O  HOUR A.  P.  216 PLACE	Chron  RAS A CONSECT  POUR TRIBUTING TO  SHAPE  ITION FOR WHICH  M. MONTH  M.	DUENCE OF SCALLED ODEATH BUT STATUS CH OPERATION DAY YEAR 19	NOT RELATED TO THE TERY  POST Brain  N WAS PERFORMED  216. HOW INJURY OCCUP	200 AUTOPSY? YES NO	+ Bra 20b. IF IN CER	YES, WERE TIFYING C.	AUSES (	NO [	]
29	CERTIFICAT	gove rise to im cause at a cause	MEDICALEXAMINER)	DUE TO, O  (c)  ONDITIONS CO  196 COND  196 COND  196 COND  198 CO	RAS A CONSECTION FOR WHITE  OF INJURY M. MONTH M.  OF INJURY REET, FACTORY OFFICE	DUENCE OF SCALE  DEATH BUT  CH OPERATIO  DAY YEAR  19	NOT RELATED TO THE TERY  POST Brain  IN WAS PERFORMED  21c. HOW INJURY OCCUR  211. LOCATION	200 AUTOPSY? YES NO	20b. IF 1 IN CER	YES, WERE ETIFYING C. YES	AUSES (	NO [	TA
29	CERTIFICAT	gave rise to im cause at a part of the cause	mediate ng the e last  NIFICANT CI  Veg e  TION  DERLYING  CAUSE OF DEAT  OF THE COMMENT  OF THE C	DUE TO, O  (c)  DONDITIONS CO  196 COND  196 COND  216 TIME O HOUR A. P. 216 PLACE (AT HOME STI	P. AS A CONSECTION FOR WHITE  OF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OFFICE  deceosed from	DUENCE OF SCALE OF SC	NOT RELATED TO THE TERY POST Brain IN WAS PERFORMED  21c HOW INJURY OCCUR 21t LOCATION STREET	200 AUTOPSY? YES NO	20b IF 20b IF IN CER	winder  yes, were  trifying c.  yes   cou	AUSES (	DF DEAT NO SI	TA We
29	CERTIFICAT	gove rise to im cause at a cause	MEDICAL EXAMINER)  (His hospital sed olive on did) (did nat	DUE TO, O  (c)  DUE TO, O  (c)  19b COND  19b COND  21b TIME O  HOUR A. P. 21e PLACE (AT HOME STILL  View the bady  A A  View the bady	P. AS A CONSECTION FOR WHITE  OF INJURY M. MONTH M.  OF INJURY REET, FACTORY, OFFICE  deceosed from	DUENCE OF SCALE OF SC	NOT RELATED TO THE TERM  POST BY AIN  DEGREE  PHYSICIAN  PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF	20b IF IN CER	COULD TO THE PART FOR	AUSES (	SI NO SI not (I) (vauses sta	TA We
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1050 York Rd.

DHMH - 16 60M 7 (VRA 15, 4)

Ruck Towson Funeral Home, Inc.

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 20140 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) COUNTY STATE , and that in (my) (but apinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED MPORTANT. should be with the 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE CITY OF TOWN 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE Evans Funeral Chape (VRA 15, 4)

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IF UNDER 24 HRS

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Lowell Lemmon, 10 W. Padonia Rd.

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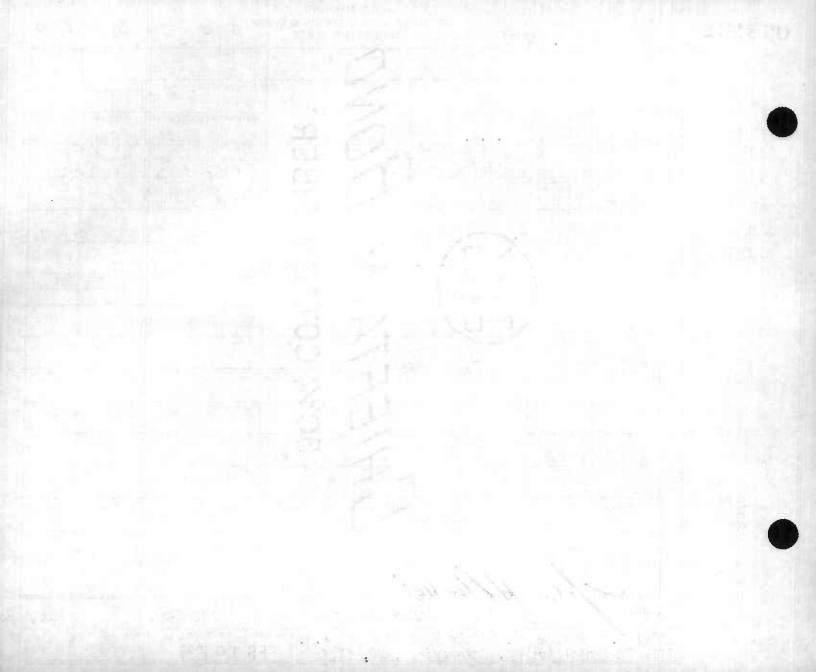
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DHMH - 16 60M 7/B4 (VRA 15, 4)

24 LEVOY M. & Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228



0581	13	FOR STATE REGISTRAR			CERTIFICATE OF DEATH 8 6 0 3 8 7 9								
1 1	454	I. DE		PALD	erald	Wm.	. Fran	cis Ry	7an	20 DATE OF DEAT		121/86	26 HOUR 101
pod pod	1	1. SE		4	RACE		5 DATE (	OF BIRTH		6. AGE INYEARS LAS	T SIRTHDAY)	IF UNDER 1 YEA	
4 4		3	Male	3	Wh:	ite	Dec	ec. 16, 1909		76	~ YR!	MONTHS BAYS	HOURS MIN.
4 10 th	53		RTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF		TRY? 8 MARRIE	NEVER	MARRIED -	Baltimore cit	6		440
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Hours ad not by	20	13a S	AL RESIDENCE HE NURSING	HOME OR OT	THER INSTITUTION	136 CITY OR	TOWN	13d. INSIDE C		Persone	SS / ZIP CO	ODE	
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d within	030	14 FA	THER'S NAME William		ement	R V			S MAIDEN NAME FIRST	WE	E	McN	AST 111tv
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e 100								LIVIALY	E. Ry	an, 205 Bi	ignta	APPRO	Timoniu
hy hy	1 1		18 CAUSE OF DEATH II PART I. DEATH WAS	CAUSED	ane cause per 8Y.			CIED	0000	DIOVASCO	1/ 413	BETWEE	NONSET AND DEATH
1 5			IM	MEDIATE	CAUSE (a)	11	TERUS	CLCR	OCHK	2122130	KAIS		
the state	0.00		0.000		DUE TO, O	R AS A CONS	EQUENCE OF	DISEI	4SE	AND		9.4	
1	1 1		Canditians, if any, w		(b)				<u> </u>	71 / -			
2 TE	1		cause (a), stating	the	DUE TO, O	R AS A CONS	EQUENCE OF	A . A	PITZ	S MELL	1700	3	
( P	0	127	underlying cause	last	( (c)_			DI.	PCIC	7 / /			
	a pour	N.	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR C	ONDITION	GIVEN IN PART	(a
n been	2	CERTIFICATION	90 DATE OF OPERATIO	N	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CE	YES, WERE FIND RTIFYING CAUSE YES []	
10 91	119	123	710. ACCIDENT WAS UNDERL	YING 🗀	21b. TIME O	FINJURY		1216 HOW IN	LIURY OCCURE	RED (ENTER NATURE OF			
Sph phy	BEN	100	OR CONTRIBUTING CAU		110110 4		DAY YEAR		T. OCCOM	TEIGIER INNIONE OF			
No B	111	MEDICAL	(IF EITHER NOTIFY MEDICAL		P.,		19	211 100171	011			19.54	
11 45	7 7 7	SH SH	11d INJURY OCCURRED		21e PLACE		FFICE, EARM ETC ]	211 LOCATION STREET	I	CITY	RIOWN	COUNTY	STATE
98 17	0 0	1	NOT WHILE AT WORK	П									
56 4	1		220.1 certify that (I) (th		l) attended th	e deceased fr	ram		19	, ta		_, 19	that (I) (we) last
#1 23	7 T		saw the deceased ( abave (1) (we) (did)	alive an	way the hady	atter death	19 , a	nd that in (my)	(aur) apinian d	death accurred an th	e date and l	have and fram th	e causes stated
A 1 W 3	1 4	100	771 SIGNATURE	(tha not	view the oddy	differ death	_	DEGREE				22c DAT	ESIGNED
0 0 0	40.5		11	1	1-	Lu	_		ATTENDING PHYSICIAN	MEDICAL S	TAFF		
PHA PHA	3 5	1	THE PHYSICIAN'S HAMI	E (TYPE OR P	RINT)			122e ADDRES		] DIRECTOR [] PH	SICIAISILLI		
April O PUN	AFORT.		PER	10	HH1	M							
25 23			BURIAL, CREMATION	MOVAL	236 DATE		23c NAME OF C			23d LOCATION	,	COUNTY	STATE
BP	-		Burial		2/25/	86	Dulaney	Valle	y M. Ga	ard.ens T	imoni	ium, Bal	lto. Co. M
D. 1441	1011 710		INERAL DIRECTOR	h,	7 N	10	-			E REC'D. BY REGISTI	RAR 256 REG	SISTRAR'S SIGNA	ATURE
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055072	1-	FOR STATE REGISTRAR	DEPART	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 8 8 0 REG. NO.							
1 75	1. DEC	CEASED NAME EIRST	(hristopher	, DV	AN Gra	20. DATE OF DEATH MONTH					
3	1.5E	Male	4. RACE White	S. DATE (	OF BIRTH	FEBRUARY 19, 6. AGE (IN YEARS LAST BIRTHDAY)					
1 de /	V. 100	RIHPLACE ISSAE ON FOREIGN	76 CITIZEN OF WHAT COUNTRY	1	2 4 16	9. BALTIMORE CITY OR CO	YRS.				
A STAN	100	irginia	U.S.A.	MARRIE		BALTIMORE EX	xx County MD.				
11 00		CHADAINE KERKOKE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 7723 EASTDALE	ROAD	21224	Tron Worke	king Life) 12b. KIND OF BUSINESS OR INDUSTRY Local #16				
n 24 Filled Filled Filled	130	laryland 136 Ba	OTHER INSTITUTION GIVE RESIDENCE BEFORM  130. GITY OR TOY  CLIMOTE  130. GITY OR TOY  CASTON		13d. INSIDE CITY LIMITS? YES NO 🛣		e Road 21224				
ted with			ristopher Ryan	Sr.	15. MOTHER'S MAIDEN NAI	Jane	Burke				
Poges - Medical		VAS DECEASED EVER IN U.S. AR	War 2 Dates) 219-03-	2653	Josephine B.	Ryan 7723 Ea	stdale Rd. 21224				
physicis an paper emovol.		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), o ED BY: TE CAUSE (o) RESOLUTION		Failure		BETWEEN ONSET AND DEATH  WELL				
ne death ce se attending smove carb mation, or r r troumatic		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOL	Car	ncer		5 months				
ed by the		underlying cause last.									
equire n signi r ta bu injury,	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING 1C</u>	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITIO	N GIVEN IN PART Tra				
on. has been to permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO		IN CERTIFYING CAUSES OF DEATH?					
SICIAN: Tog physicions certificate rial-transitiental Hygistem 18 sh		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART   OR PART ?)				
G PHYS offending er this cr s the bur ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	, FARM ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE				
TTENDIN pital ar TOR: Af for use o af Health		270.1 certify that (1) (this hospital) attended the deceased from 180 1985, to 219 1980, that (1) (we) last saw the deceased alwe on saw the deceased alwe on only the body after death.  In all wolk 270.1 certify that (1) (this hospital) attended the deceased from 1985, to 21985, to 21985, to 21985, that (1) (we) last saw the deceased alwe on the dots and hour and from the couses stated above. (1) we) Idial (1) (we) Idial (									
AL OR A the hos AL DIREC detoched ote Dept. IT: If them		22b. SIGNATURE /	2/19/86								
connect by the stone of the Sto		220 PHYSICIANS NAME (TYPE OF	4. GROSSMAN	)	JOHNS HO	PKINS ON	OLOGY CENTER				
BP		SURIAL, CREMATION, REMOVAL SPECIFYI (remation			ew Memorial	23d. LOCATION Westview	Balto. (o. Md. STATE				
OHMH - 16 50M 4/83 (VRA 15, 4)		harles S.Zeile	r & Son Inc. 622		250. DAT	B 20 1986 July	egistrar's signature				

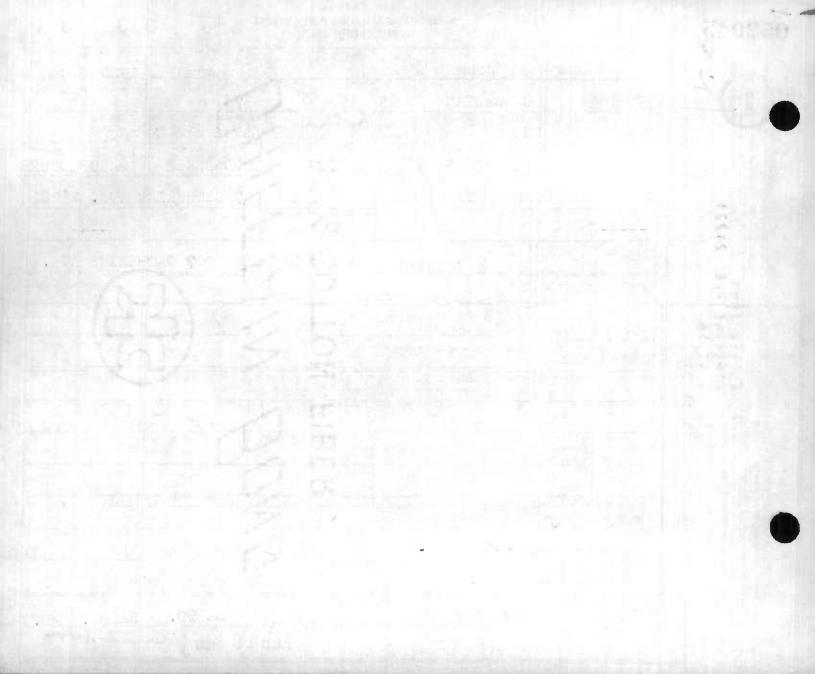
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## STATE OF MARYLAND

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	1 75	8		EASED NAME	Andre		ohn	SAAL	AST		Febru			1986	10:40 <sup>a</sup>
		1	1000	LE		CAUCA		5. DATE O		09	6 AGE TINYE		YRS	IF UNDER I YEAR	IF UNDER 24 HRS
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201	Files in 59 the formulation formulation			SSVILLE		FRANKLIN SQAURE HOSPITAL, NURSING HOME C					120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WOODWORKER			OF BUSINESS OR UFACTURE	
AND 21						TIMORE BALTIMO		IMORE	13d INSIDE CITY LIMITS? YES NO 14			DORESS CATHE	ZRINE	E AVE.	21221
MARYL	of the death certification is the death certification in the death certification is the death of	<b>AB</b> (	)	THER'S NAME FIRST		NIDDLE	SA.		A	n's maiden na NNA	ME	MIDDLE		_ 14	AST
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W. PRESTON		80 500 8-90		Conditions, if any gave rise to im couse (a), state underlying cous	mediate ng the	)	r as a conse Myocar r as a conse	EQUENCE OF COURNCE OF	nfaro	ction					
RDS, 20	equires in signed	STATE OF	NOI	PART 2 OTHER SIG	NIFICANT C	_				o to the term		OR COND	ITION GIV	EN IN PART 1	10
AL RECO	he low rion.	Sony Sony	CERTIFICATION	19a DATE OF OPERA	NOIT	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERF	ORMED	200 AUTO	PSY?	20b. IF YES IN CERTIF YE		INGS USED S OF DEATH? NO [
DIVISION OF VITAL RECORDS	PHYSICIAN: 1 ending physic this certificate te buriol-troms	Hem 18 sh	MEDICAL CER	21g. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	Ρ.	M. MONTH M.	DAY YEAR		INJURY OCCUR	RED (ENTERNAT	URE OF INJURY	Y IN ITEM 18 P	ART I OR PART 2)	
DIVISIO	Offer this os the bu	th and N	MED	21d INJURY OCCUI	MILE DRK		REET FACTORY, OF		211 LOCAT	ET	Trale	CITY OR TOW		COUNTY	STATE
•	OR ATTENDI e hospital or DIRECTOR: A oched for use	Dept of Heol		22a.1 certify that a sow the decea obove, M (we) 22b. SIGNATURE				86 o	ary definition (*) DEGREE	(4) 19 86 (1) (our) opinion	death occurred	on the dat	te and hou	and from the	that (X (we) lost causes stated
	. <u>F</u>	with the Stote D		22d. PHYSICIAN'S N	IAME (TYPE OF	ang, M			27e ADDRE 9000	PHYSICIAN E	- The state of			ve,	21237
	BP	3 8 1	Ī	URIAL, CREMATION	, REMOVAL	23b. DATE 02/18		OAKLA		אבתם שבושי		BALTC		BALTO	
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58060	1 -	STATE REGISTRAR			ICATE OF DEATH	8 6 REG. NO	0 3 8 8 2
~ ≈ ±		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
may be page 3 er death		LEIGH	C.	SANI		1.105	2 23 86 9:40 p <sub>M</sub>
ector. p	3. SE	MALE	WHITE	5. DATE (		6 AGE (IN YEARS LAST BIR	TADAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
th. Pool	Jar Bi	RTHPLACE (STATE OR FOREIGN :	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED		R COUNTY OF DEATH
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s often			GREATER BALTIMOR	ADDRESS) RE MEI		120 USUAL OCCUPATION OF MOSTO OWNER OP	F WORKING LIFE) INDUSTRY TOF
24 hou suld be must be	130 S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 130 CITY OR TOW 2123	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2260 CROIN	ZIP CODE 21.234
within d 2 sho	-	THER'S NAME			15 MOTHER'S MAIDEN NA	AME	MEDE BRIDGE 165.
w bald mo did not be a second of the second	)	ALBERT L	EE SANDE		NETTIE		ALLINSON
Poges medical		VAS DECEASED EVER IN U.S. ARI	WAR OR DATEST		RONALD H.	SANDERS 50	21212 3 STONELEIGH RD.
			y one cause per line for (a), (b), and BY: BRAIN TU	d ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 200	13	IMMEDIAT	E CAUSE (0)				
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or the d by the si crematic other tro		gave rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
signed in place of the place of	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
No. by the by th	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPŠY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Clark, T. Physics T. P		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM TE PART : OR PART 2}
O Person	MEDICAL	21d INJURY OCCURRED  WHILE ONOT WHILE ON AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
ENDIN rol or Oil. Aft results			K offended the deceased from I February 23	Februa 86	ary 14 19 86	to February	7 23 , 19 86 , that (1) XX last attention and hour and from the couses stated
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		22b SIGNATURE	view the body after death.	-, -	DEGREE		226 DATE SIGNED
At Dis the John Tri II the De-		Stude	NP		ATTENDING	MEDICAL STAF	
HOSPIT, direct by pullette d the the Sto PORTAN		S. P. GIRDHAR			22e ADDRESS		.,TOWSON, MD. 21204
5 5 5 7 5 3 1		URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		BURIAL	FEB. 27, '86 DRI	UID 1	RIDGE CEMET	ERY BALTIN	MORE CO., MD
DHMH - 16 60M 7/84 (VRA 15, 4)		LLIAM E. JOH	NSON8521 LOCH	RAVI	EN BLVD. 250 DA	B 25 1986	W. BEGISTER RECONSTITUTED.

FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

retoined by the hospital	TO FUNERAL DIRECTOR. should be detached for us with the State Dept. of He
BP_	
нмн -	16 60M

DHMH -	16	60M	7/84	
(VR	A 1	5, 41		

IMPORTANT: If Item 21 is

П	R	EGISTRAR				CERTITI	CAILOID	LMIII	REG. NO						
1	1. DECE	ASED NAME	FIRST		MIDDLE	LA	157		20 DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	(THE OK	PRINT	JOSEPH	EL	NIN	SANTI	AGO			bruary		-			
	3 SEX		4 RACE						6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER				1 YEAR DAYS	IF UNDER	24 HRS
1	M	ale		Wh	nite	Dece	ember 25	1928	5	7	YRS	3			
1	CO	HPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIED	NEVER MARRIED 9 BALT			MORE CITY	OR COUN	TY OF DEA	ATH		
	Ma	ryland		U.S.A		WIDOWE	D DIV	ORCED TO	Baltimore County MD					MD.	
1	100	OR TOWN OF Towson	DEATH	11. NAME OF I		21 204	TUTION		AL OCCUPA YORK FOR MOST Chanic				Serv		
2	Ma STA	ryland	136 COUL Ba	Ltimore	ie admission) VN				ADDRESS 21 Ala	zip co a bama	Road	212	204		
0	_	er's NAME	Agı	MEDDLE 1Stus	Santia	go	15. MOTHER'S		ΛĒ	Edwi	in	Fantom			
7	160 WAS	DECEASED E	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECT		17 INFORMAN				RESS		- 1		15,61
	, N	NO OR UNKNOWN	(IF YES GIV	E WAR OR DATES	220-24-	3495	Mr. P.H	R.Santi	ago	235 Cr	coss (	Creek	Rd.	766	557
	0	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stofting the underlying cause (last)  DUE TO, OR AS A CONSEQUENCE OF													
		ART 2. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT I	NOT RELATED	TO THE TERMI	IN AL DISE	ASE OR CO	NDITION (	GIVEN IN P	ART 1:0		
7	CERTIFICATION	19a. Date of operation 19b. Condition for whic					HOPERATION WAS PERFORMED			JTOPSY?		YES, WERE RTIFYING CA			
7	H 21	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART									B PART I OR P	ART 2)			
	A P		MEDICAL EXAMINER	NIM .	M.	19									
	WE	d. INJURY OC		21e PLACE	OF INJURY REET FACTORY, OFFICE,	21f LOCATION				CITY OR 1	NWOI	cou	NTY	5	STATE
		WHILE AT WORK AND AND STREET ALL ON THE LAT WORK AND											and the same of th		
		b. SIGNATUS	17	wit	M	n	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					1 224	2/2	4/6	06
	22		olas Be				22e ADDRESS 20	E. Eag	er Si	t.					
			ON, REMOVAL				METERY OR C	REMATORY		CATION		COUNTY		4	TATE
		urial		2-26	-86 D	ruid R	idge		Pil	kesvil		altimo	ore	Mary	land
		ERAL DIRECTO			ADDRESS			25a DATE	REC'D. B	Y REGISTRA			_	JRE	/
	Mit	chell-W	/iedefel	ld Home	6500 Yor	k Road	21212	I FEI	827	1986	ilia	Davido	on-A	and	

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All ector, page 3 naurs after death

the attending physician and camp remove carbanpapers. Pages 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows

injury, ar ather traumatic event, the medi

CTATE	OF MA	RYLAND
SIMIC	OF IMA	KILAND

JIAIL OI MARILAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
CERTIFICATE OF DEATH									

6	n	3	R	8	
0	Part .	0	~	0	
DEC NO					

C

1,	REGISTRAR				CERTIF	ICATE OF DEATH	REC	i. NO.	0 0		
	CEASED NAME	FIRST		AIDDLE	1	AST	20 DATE OF DEAT		AY YEAR	2b HOUR	
(TAN)		ROSE		M	CAL	PON	Februar	T 14 10	986	M	
3 SE		COSE	4 RACE	IVI	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAS	T BIRTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS	
	emale		White	e	Fet		82	YRS	ONTHS DAYS	HOURS MIN.	
lo B	IRTHPLACE (STATE OR F	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT				
M	laryland		U	.S.A.	WIDOWE		Balt	imore Co	unty	MD.	
10 C	ITY OR TOWN OF DEA	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS) /_	OR OTHER INSTITUTION	120 USUAL OCCUP	ST OF WORKING LIFE		OF BUSINESS OR	
1487	AL RESIDENCE (IF NURS	ING HOME OF	9639	Mason Ave	- 0	Residence)	paresta	dy Ret.	1		
124	STATE STATE	13b COUR		13c. CITY OR TOW	N	136. INSIDE CITY LIMITS? YES NO	13e STREET ADDRE		21234	1	
14. F.	ATHER'S NAME	1		LAST		15 MOTHER'S MAIDEN NA	AME				
D	Samuel		MIDDLE	Libert		Minnie	MIDDI		Liber	rto	
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS			
	No			213-09-5	567	Gloria S	. Mullen	9639 Mas			
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly ane cause per	line for (o), (b), and	dic. N	1			BETWEEN	MATE INTERVAL	
	PART I. DEATH W	IMMEDIA	TE CAUSE (a)	ardis -	- Fes	Rivatory a	rnst				
	DUCTO OD AS A CONSTRUITANCE OF										
	Conditions, it only, which ( ib) Metas take Carcinome										
	gave rise to imm		DUE TO O	AS A FONSEOUT	ACE OF	unt Esopha	ue Stri	chuse	100		
	underlying cause lost.										
	PART 2 OTHER SIGN	NIFICANT (	CONDITIONS CO	NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVE	N IN PART 1	a	
CERTIFICATION											
CAT	19a DATE OF OPERATION 19b CONDI			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
E	Branch Co.						YES TO NOT	n	_	NO T	
1 8	210. ACCIDENT WAS UNE		216. TIME O			21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT 1 OR PART 2]		
	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		NIH.	M. MONTH DA	19						
MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION					
×	WHILE NOT WHAT WORK	IILE 🗌	( AT HOME, STR	EET, FACTORY, OFFICE F	ARM ETC )	STREET	CITY	OR TOWN	COUNTY	STATE	
100	22a.l certify that (I)		ital) attended the	e deceased from		19	to	1	9	that (1) (we) lost	
	saw the decease abave, (1) (we) (c	,	- M		PG	nd that in (my) (aur) apinian	death accurred an th				
	27b SIGNATURE	did) (dua no	n view the body	atter death.		DEGREE			22¢ DATE	SIGNED	
	1	1	1			ATTENDING	MEDICAL DIRECTOR DE	STAFF VSICIAN []	2-	-14-86	
	THE PHYSICAN'S DAME LIVE OF PRIN				~	22e ADDRESS	- DIRECTOR - TH	I STEIRIT [			
	for. W.	E. Co	cco			20 €.	Eagu St	21	202		
23a	BURIAL, CREMATION,	REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	N	COUNTY	STATE	
	Buria	1	Feb 17	1986	Garde	ens of Faith		imore	Mary]		
24 F	UNERAL DIRECTOR			ADDRESS		25a DA	TE REC'D. BY REGISTI	- 1 - 1	AR'S SIGNAT	URE	
Le	onard J. R	uck,	Inc. 5	305 Harfo	rd Ro	. 21214	EB 1 8 198	6 Julia B	avidson-	gandelle	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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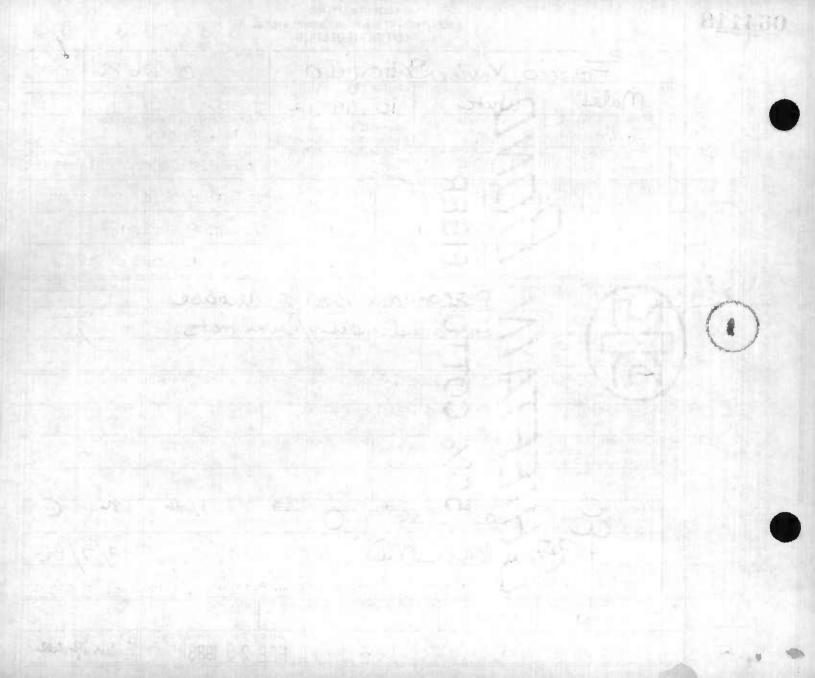
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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 8

		REGISTRAR			REG. NO.										
77-		OR PRINT)	FIRST	~ ^	AIDDLE	0 11	1451 4	1	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOU	IR P		
	(ITTPE		anci	VO X	VIOR	Satt	entre	10	332,334	8:25	5 _ M				
	3 SEX		- 100	4. RACE . 5. DATE OF BILL				6 AGE IN YEARS LAST	IF UNDER	24 HRS					
		Male		Whe	to	MON	DAY 19	YEAR	73	YRS.	MONTHS DAYS	HOURS	M(N,		
25		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	ED NEVER	MARRIED [	9 BALTIMORE CIT	OR COUNTY	OF DEATH				
14		Maryland		U.S	5.	WIDOW		NORCED [	Balto. (	county			MD.		
20	19 CI	TY OR TOWN OF DEA	ЛH	(IF NOT IN SUC		STREET ADDRESS)	OR OTHER IN:	ROTHER INSTITUTION 120 USUAL OCCU							
35	13a. S	AL RESIDENCE (IF NURS) STATE Md.	136 COUN Bal	1TY	13c. CITY OF	RTOWN	YES [	CITY LIMITS?	27 Walker	s zrcept		2122	1		
30	7	THER'S NAME Francis		H. Sa	atterf	ield		'S MAIDEN NA.	E . MIDDLI	Ва	rkley LAS	51			
/	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 175 NO OR UNKNOWN) 1942-63 216-01-2874							Agnes	Satterfie:	ld Same	e as #1	.3			
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)									APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	17	PART I. DEATH W		D BY: TE CAUSE (0)	Jeru	ohene	& Vac	ocula	ideseas	رعد					
	1	133			RASACON	SEQUENCE OF		10							
	100	Conditions, if any,	which	( (b) S	3tomo	achli	ander	- 4/lle	ter met	5	9 199				
		gave rise to imm		DUETO	AS A CON	SEQUENCE OF									
		underlying couse		(5)	AS A COIN	SEGOLINCE OF									
	z	PART 2 OTHER SIGN	IFICANT (	CONDITIONS CO	ONTRIBUTIN	G TO DEATH BU	T NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 1	o			
	TIO	IA SATE OF OREDAY	1011	IN CONDI	TION FORM	TION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
9	CERTIFICATION	19a DATE OF OPERATION 19b CONDI			TION FOR WHICH OPERATION WAS PERFORMED				YES NO YES NO NO						
9		210. ACCIDENT WAS UND		FINJURY M. MONTH DAY YEAR  21c. HOW INJURY OCCURE				RED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)							
7	CAL	(IF EITHER NOTIFY MEDIC		III											
	MEDICAL	WHILE NOT WHAT WORK	ne 🖂	21e PLACE (		OFFICE, FARM, ETC.)	21f LOCAT		City O	NWOT	COUNTY	51	STATE		
	100	220.1 certify that (1)	this hospi		e deceased	from		_ 19_84	, 10	126	19 86		we) ast		
		sow the deceased olive on 1/25, and that in(my) (our) opinion death accurred on the date and hour an above, (If (we) (did) did not view the body after death.								r and from the	couses sto	ited			
		226 SIGNATURE DE DEGREE							22c DAJE	SIGNED					
		4	YCH	Toull	cre	MILL			MEDICAL S DIRECTOR XPHY	TAFF SICIAN [	2/5	7/8	6		
1224 PHYSICIAN'S NAME (IVPE OR PRINT)   1224 ADDRESS Stella Maris Hospice   Kendall R. Faulkner, M.D.   1220 P. 1								spice		/					
		Kendari	K. Pa	aulkner,	n.D.		2300	Dulaney	Valley Rd	Tov	son, M	D 212	204		
	23a B	SURIAL, CREMATION,	REMOVAL			23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATION		COUNTY	*1	TATE		
		Remova	1	1/27	/86			Hell					HIE		
34	24 FU	JNERAL DIRECTOR			ADE	DRESS		250. DAT	E REC'D. BY REGISTR	AR 256 REGIST	RAR'S SIGNAT	URE	00		
			tomy	Roard	ADL	Ralt	n Md		n 26 100	CI Was	Josephan	Manda	1000		



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF E	EATH	REG	. NO.	0 0	0 0	
4	I. DECEASED NAME	FIRST	٨	AIDDLE	l	AST	L. G. A.	20. DATE OF DEAT	HTMOM H	DAY YEAR	2h HOUR	
	TITLE OKPANITY	Antho	ny	J. S	canda	aliato		Februa	ry 17	, 1986	9:45%	
	1. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	Male		Cau		1	29	28	58	YRS		MIN.	
	JOHNSTHPLACE ISTAT	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER /	1997	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH		
દ	55001181)	Md.	U,	S.A.	WIDOWE		VORCED [	Balti	more	County	MD	
5	10 CITY OR TOWN OF	FDEATH	11. NAME OF H	OSPITAL, NURSI	NG HOME (	OR OTHER INST	ITUTION	120 USUAL OCCUP			OF BUSINESS OR	
	Balto.			in Squar		0.		Meat Cutt	er	Reti	red	
5	130 STATE	13b COU BA1	NTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOV BA1to.		13d INSIDE C	ITY LIMITS?	13e STREET ADDRE			206	
	14 FATHER'S NAME		MIDDLE	LAST		15 MOTHER	MAIDEN NA	ME				
1	Fran		Scandaliato			FIRST	MIDDE		Mileo			
1	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO OR UNKNOWN) (IF YES. GIVE WAR OR DATES)			166 SOCIAL SECURITY NO 17 INFORMANT				AD	DRESS		206	
			217-20-4379			Antoinette T. Scandaliato 71				29 Greenwood Av		
		DEATH Enter o		line for o), (b), or	nd (c					BETWEEN	ONSET AND DEATH	
	PART I. DEA		TE CAUSE (o)	Cardio	pulmo	nary	Arrest					
	Due TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ( b) Congestive Heart Failure											
	gove rise to couse (o), sunderlying c		DUE TO, OI	RAS A CONSEQU Insuli	n Dep	enden	t Diab	etis Me	llitu	s		
		SIGNIFICANT	CONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR C	ONDITION	GIVEN IN PART 1	0	
2	19a DATE OF OP	PERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	YES NO	IN CER	YES, WERE FINDI TIFYING CAUSES YES []		
3	210 ACCIDENT WA	AS UNDERLYING [	21h TIME O		AV VEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM I	B PART   OR PART 2)		

OR CONTRIBUTING CAUSE OF DEATH P.M 19 211 LOCATION 21e PLACE OF INJURY COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE

22a. I certify that **X** (this hospital) attended the deceased from February 1, 19.86 sow the deceased alive on February 1719.86 and that in **A** (our) opinion debove, **X** (we) (did) (\*\* \*\*\* View the body after death. to February 179 86 , that (we) lost and that in (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED

ATTENDING PHYSICIAN

22e ADDRESS

9000 Franklin Sq uare Drive 21237

MEDICAL STAFF
DIRECTOR PHYSICIAN

Keith English MD 23c, NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 33h DATE Buria1 Balto. Balto. 2-21-86 Gardens of Faith

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 John C. Miller Inc. 6415 Belair Rd. 21206 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE modern Handelle

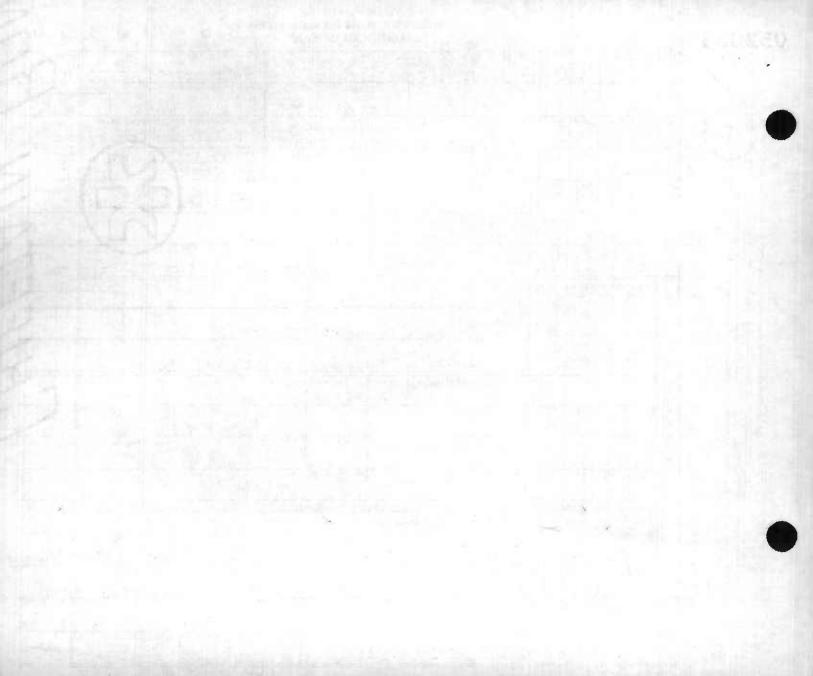
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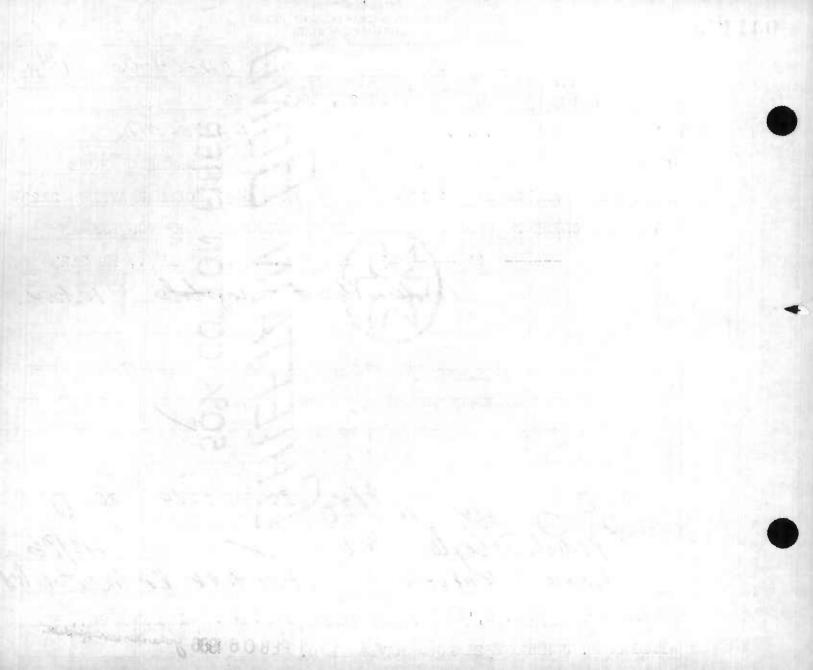
(VRA 15, 4)

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IMPORTANT:





STATE OF MARYLAND

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- 65	6	
	6 REG. NO.	

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051005	1-	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	B REG.	) No.	3	8 8 8	
7		CEASED NAME FIRST		MODLE		ASI	20. DATE OF DEATH			26 HOUR	
page 3		George				einer Jr.	February	-		2:05P <sub>M</sub>	
or. p	3 SE	Male	White		5. DATE O	5 1896 YEAR	6 AGE (IN YEARS LAST	BIRTHDAY) IF UN	INDER I YEAR IF UNDER 24 HRS		
linge burs	7 01	RTHPLACE (STATE OR FOREIGN		AND COUNTRY		3 1000	9 BALTIMORE CITY	YRS.	DEATH		
I II BS	(	Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.		MARRIE		Baltim	MD.			
	Cb	ty or town of death  ckeysville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Maryland Masoni				120 USUAL OCCUPA (TYPE OF WORK FOR MOS Supervise	TOF WORKING LIFE)	kind of Business or idustry  Petroleum		
31(1)	· · · · · · · · · · · · · · · · · · ·		imore	GIVE RESIDENCE BEFOR 13c. CITY OR TOV Cockeys	VN	136 INSIDE CITY LIMITS?	300 Inte	S / ZIP CODE rnational	Cir.	21030	
1 16	HTT	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST		
2 18 150	13	George		Schein		Mary				hter	
nd c ges			MED FORCES? E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT		RESS		aryland	
on o		No		214-01-	4328	George L. Sch	neiner P.O	.Box 1000			
ysici operator, th		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE		line for ioi, (bi, oi	nd ic		1-		BETWEEN	NATE INTERVAL NSET AND DEATH	
ng ph boanp remo	1		E CAUSE (0)	- Conge	stuce	e heart	Tachura				
oth conding	/	88/	DUE TO, OF	AS A CONSEOU	ENCE OF	0					
e dec		Conditions, if ony, which gove rise to immediate	(b)						_		
that the		couse (0), stating the underlying couse last.	DUE TO, OF	AS A CONSEOU	ENCE OF						
equires to signed. Then ple to burio	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0									
bee prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE			
The land of the la	TIFE	1/86	1	up fre	active	e.	YES NO	YES [	CAUSES	NO [	
hysicic ficate fronsit Hygiel		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.		AY YEAR	210 HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)		
ding pl ding pl s certif burial-y Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P./		19		L. Paris			11.40	
NG PHY offer this os the bu	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (	OF INJURY BET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR	TOWN	YINUO	STATE	
NDIN NDIN NOSE A		220 1 certify the (1) this hospi	tol) offended the	deceased from.	2	114 19 86	, to	2/15,19	16_, 1	ho (I) (we) lost	
Sprite Sprite		nbows (I/ we) idid; did no	New the bady	ofter death.		nd that in (my) our) opinion	death accurred on the	date and hour and			
DIRECTOR A DIRECTOR A DIRECTOR DIRECTOR DEPT		224 SIGN MARKE	10	,	M	DEGREE ATTENDING	MEDICAL ST	AFF	22c. DATE S	1	
ERAL ERAL Store		224 PHYSICIAN'S NAME (TYPE O		ulery	/ /-	PHYSICIAN 220 ADDRESS	DIRECTOR   PHY	SICIAN [	2/10	6/8Ca.	
TO HOSPITAL etoined by it TO FUNEAL should be det with the Store MPORTANT		BRUCE	~	BERG		1134 YORK	Ro. C	UTHERVI	LLE	16 21083	
		URIAL, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	Baltimo	D - 7/2	WIL.	Ma SIAIET -	
BP		Burial	2-18-	86 0	aklaw	n	parcimo	re part	rmore	Marylan	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

FEB 1 8 1986

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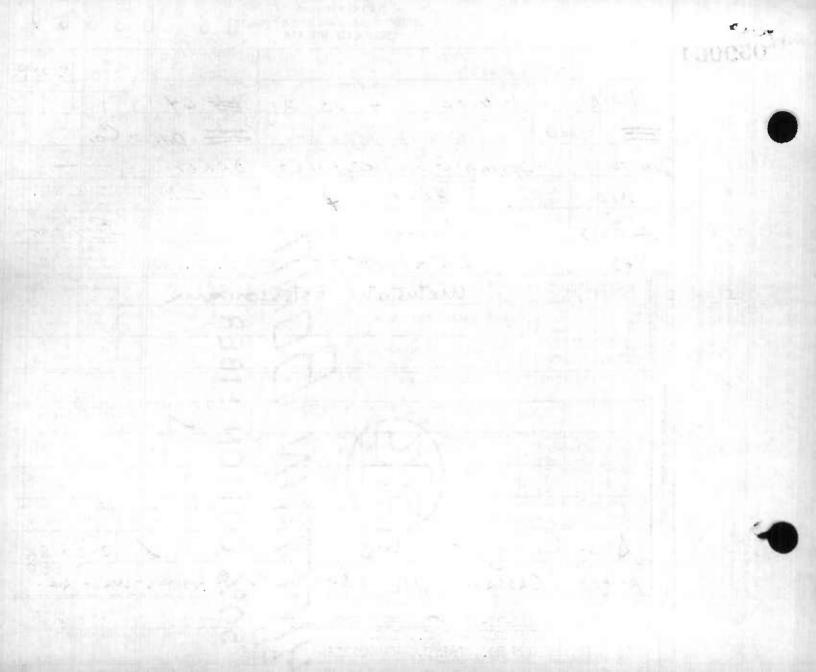
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21215

6010 REISTERSTOWN RD., BALTO., MD

(VRA 15, 4)

STATE OF MARYLAND



049054

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

- STATE REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME VIRGINIA M. SCHLEY February 6, 1986 3 SEX 4 RACE 5. DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAYS August 16 1911 White Female. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 16 CITIZEN OF WHAT COUNTRY? MARRIED \*\* NEVER MARRIED W. Va. IISA Baltimore County. DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR Franklin Square Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Rossville Housewife UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13. COUNTY

Md. 13. COUNTY

Balto. Essex 134. INSIDE CITY LIMITS? 815 N. Woodlyn Road 21221 I FATHER'S NAME 15 MOTHER'S MAIDEN NAME Earl Nora Sandige Wall ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES GIVE WAR OR DATES 215-22-2039 Ernest Schley 815 N. Woodlyn Road 21221 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Anoxic Encephalopathy IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF

Pneumonia and Staphlycoccal Septicemia Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-Metastatic small cell carcinoma of lung 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

CERTIFICATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21ª PLACE OF INILIRY

(AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION

NOX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

COUNTY

STATE

220.1 certify that (I) (this haspital) attended the deceased from Sanuary 25., 19 saw the deceased alive an February 6 19 86, and that in (my) (aur) cobave, (I) (we) (did (did not) view the body of the death to February and that in (my) (aur) opinion death accurred on the date and have and from the causes stated 22c DATE SIGNED

ATTENDING

274 PHY ICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

MEDICAL STAFE DIRECTOR PHYSICIAN PHYSICIAN []

Martin B. Getzow, MD. 236 DATE

9000 Franklin Square Drive

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

2/10/86

23c. NAME OF CEMETERY OR CREMATORY Louden Park Cemetery

24 BONERAL DIRECT

Funeral Home 300 Mace Ave. 21221

Baltimore 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Maryland y win Leigdon Handelle

DHMH - 16 60M 7/84 (VRA 15, 4)

d b MPORT

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 3 8 9 1

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	, 0		
100		CEASED NAME	FIRST		MIDDIE	(	SCHMIDT	February 24,	DAY YEAR	26 HOUR 4:20P	
}	3 SEX			I. RACE	L.	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	I F UNDER I YEAR	M	
		emale		Whi	to		24, 1885 YEAR	100 VBC	MONTHS DATE	S HOURS MIN.	
-		RTHPLACE (STATE OR FO	DREIGN 1		WHAT COUNTR	2V2 8		9 BALTIMORE CITY OR COUNT	TY OF DEATH		
75	- (	OUNTRY)			S.A.	MARRIE	NEVER MARRIED D	Baltimore Cou		440	
	10 CI	Pennsylvani TY OR TOWN OF DEAT	TH	11. NAME OF	HOSPITAL, NUR		R OTHER INSTITUTION	12a USUAL OCCUPATION 12b.		OF BUSINESS OR	
4		Catonsville		Frede	rick Vi	ela Nur	sing Home	Housewife	Own	Own Home	
3	130 5		Balt	imore	130 CITY OR TO	FORE ADMISSION) OWN VILLE	YES NO X	13e STREET ADDRESS / ZIP COI 206 Huron R	oad 2	1228	
30	) FA	THER'S NAME FIRST Henry	A	NDDLE	Finga	l	15 MOTHER'S MAIDEN NAM	Katherine	Ĺ	.eitze	
$\overline{A}$		AS DECEASED EVER II		MED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDRESS	F 1576		
	,	No	1# 163 0146	WAN ON DATES	220-44	-1228	Betty Nims	Same as # 13		20 CAL	
		18 CAUSE OF DEATH PART I. DEATH WA	l iEnter onl	y one couse per	r line for (o), (b),	ond ici I	) (-		BETWEE	DXIMATE INTERVAL N ONSET AND DEATH	
			MMEDIATE		and	iar le	erbythm	'n	mo	my year	
				DUE TO, O	R AS A CONSE	OUENCE OF	Q	\			
		Conditions, if any,		(b)_	advos	your	alerone	erosis			
N. C		couse (a), stating underlying couse	the	DUE TO, O	R AS A CONSE	QUENCE OF (	Ded a	28			
	NO	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE						Ιισ	
2	CERTIFICATION	190 DATE OF OPERATI	ION	196 COND	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	IN CERT	'ES, WERE FIND TIFYING CAUSE YES		
7		210. ACCIDENT WAS UNDE	AUSE OF DEAT		M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	3 PART I OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDIC.)  21d INJURY OCCURRE  WHILE NOT WHILE AT WORK	ED IE	21e. PLACE	M. OF INJURY REET, FACTORY OFFI		211 LOCATION STREET	CITY ORTOWN	COUNTY	STATE	
		229.1 certify that (1)	this hospit	al) <u>a</u> ttended th	ne deceased from	m Oct	85 19 -	10 Ger. 2a	1986	. that (I) (we) last	
		sow the deceased	d olive on .	Jan.	26 19	26 . 00	d that in (my) (our) apinion o	leath occurred on the date and he	out and from th	ne couses stated	
		226 SIGNATURE	R	11/	Oner deam	[	DEGREE	/	22c DAT	TE SIGNED	
			4/	Many Many			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Fel	2,25,198	
		22d PHYSICIAN'S NA					27e ADDRESS				
$\sqcup$		Allan						ck Road, Baltim	ore, Ma	ryland	
		URIAL, CREMATION, R Burial		2/26/	86	Druid R	idge Cemetery	Pikesville	COUNTY	Maryland	
4	24 5	eral pinetone 1	Russe	ee c. a	litzke F	uneral	Homes P. A 250 DAT	REZ 6 1986	BORESTEN	fundable	
	1	630 Edmond	A NAC	VONILO C	atonsui	PRO. MD	- 21228	1300		- 1	

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73 1	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 6	0 3	8 9 2
	DECEASED NAME FIRST YPE OR PRINT) ELAIK	M. S	CHNELL			86 5,30 A
1.1	F	4 RACE	5 DATE OF BIRTH  MONTH  AS  YEAR  26	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER MONTHS	R LYEAR IF UNDER 24 HRS DAYS HOURS MIN.
85"	DUNIRY) MD,	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO	COUNTY OF DE	ATH M
Par	OWSON	11. NAME OF HOSPITAL, NURSIN LIF NOT IN SUCH FACILITY, GIVESTREET	ADDRESS)  OSPICE	126 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIF	OF WORKING LIFE   IND	kind of Business of USTRY Homemaking
	UAL RESIDENCE (IF NURSING HOME). STATE  Maryland	DROTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 136. CITY OR TOW Baltimo	N 134. INSIDE CITY LIMITS	13e STREET ADDRESS		nue 21206
200	FATHER'S NAME FIRST Ernest	MIDDLE LAST Schneider	15 MOTHER'S MAIDEN	NAME MIDDLE MARGUET	rite	Martz
2 160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C	RMED FORCES? 166 SOCIAL SECU 214-14-		Schnell 55		la <b>Zve.</b> 2120
1	PART I. DEATH WAS CAUS	only ane couse per line for (a), (b), and SED BY: ATE CAUSE (a) METASTI	ATIC BREAST	T Ca.	. 86	APPROXIMATE INTERVAL LET WEEN ONSET AND DEATH
or other traffic	Canditions, if any, which gave rise to immediate cause (a), starting the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b) HYPER  (b) LONG  DUE TO, OR AS A CONSEQUE	CALCEMIA			6 month
TION		CONDITIONS CONTRIBUTING TO E		erminal disease or con	DITION GIVEN IN P	ART I/a
S shows any inju	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY?  YES □ NO□	206. IF YES, WERE IN CERTIFYING C YES	FINDINGS USED AUSES OF DEATH?
mf ( ) 1 5 5	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	Lain	21c HOW IN JURY OCC	URRED (ENTER MATURE OF INJUI	RY IN ITEM IS PART LORP	PART 2)
MEDICAL	21d. INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	ARM. ETC.) 211 LOCATION STREET	CITY OR TO	wn cou	UNTY STATE
27.1	saw the deceased alive	pital) attended the deceased fram	, and that in (my) aur) apini	3 to 4 2 on death accurred on the de		am the causes stated
2 /	Zh SIGNAHRE	infruccione	PHYSICIAN	MEDICAL STATE	FF	2/24/86
1 / 0817	Dr. McCr		22e ADDRESS 8817 Bela	air Rd. Balt	o. Md.	21236

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24 FUNERAL DIRECTOR

236 DATE

Parkwood Cemetery Baltimore, Maryland

O Belme Va, 350 Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE OF MARYLAND 058042 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) William SCHRIEFER February 17, 1986 4:00P oge 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR MONTH DAY YEAR Male White 1909 June YRS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore County Maryland WIDOWEDK D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Rossville Franklin Square Hospital Beth Steel Electrician SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Maryland Dundalk 760 Aldworth Rd. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDL MIDDLE John Schriefer Dora Hilmer 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATES Irvin Schriefer 760 Aldworth Rd. 21222 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE VERMINAL DISEASE OR CONDITIONS GIVEN IN ART, 110 CERTIFICATION OMA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [ WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH YEAR MEDICAL P.M 19 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC. CITY OR TOWN COUNTY STATE AL WORK AL WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive an above (1) (we did (alid notand that in five our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATI DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

Oak Lawn Cemetery

23c NAME OF CEMETERY OR CREMATORY

de retained by the hor retained by the ret

DHMH - 16 60M 7/84 (VRA 15, 4) Connector Connector Home of Dundalk

405 C

02/21/86

224 PHYSICIAM'S NAME

230 BURIAL CREMATION REMOVAL

Burial

etery Baltimore, Md.

250 DATE RECO BY REGISTRAR 256 REGISTRAR S SIGNATURE
FEB 25 1986

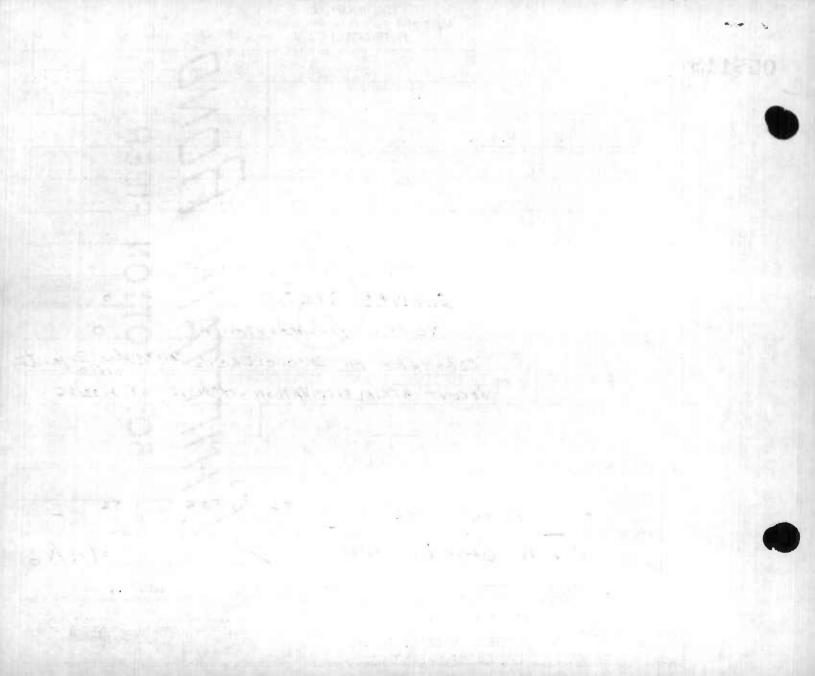
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wo.	0.5	3. SEX			4. RACE			OF BIRTH		6. AGE INYEA	RS LAST BIRTHDAY)	MONTHS DAY	
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	25		RTHPLACE (STATE OR OUNTRY)	FOREIGN	75. CITIZEN OF	WHAT COUP	MARRI WIDOW	ED NEVER	MARRIED X	Baltir	nore (	County	MD.
12			or town of DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE	County	General General	0.00	12a USUAL O		12h KIND	OF BUSINESS OR
24 hour	and be	USU A 13a. S	TATE d.	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE	E BEFORE ADMISSION		CITY LIMITS?	1509CA	ODRESS 674 CO	Allen D	)r.
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be executed within 24 hours	Pages 1		(AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES?		10-2936	Dori:		ibbals	ADDRESSAL 116 W.	ti. Md Unive	. 21210 rsity Pky
he low requires that the coolings	hos been gared by the output permit. Then please remotions to ows.ony injury, as other training.	CERTIFICATION	Conditions, if any gove rise to im cause (a), statiunderlying cause  PART 2 OTHER SIG	mediate ng the lost	DUE TO, O	ONTRIBUTIN	SEQUENCE OF	pres	5.0	200 AUTOR	1 An	1 Ano	Peclal DINGS USED FISH
NG PHYSICIAN: The low required of the order	this certificate e burial-transited Mental Hyginal day or item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING 1 IF EITHER, NOTHY MED 21d. INJURY OCCUR	CAUSE OF DEA	HOUR A P 210. PLACE	.M. MONTI	H DAY YEAI	211 LOCATI	ION	RED (ENIER NATU	CITY OR TOWN	18 PART I OR PART 2	STATE
A OR ATTEND	of DIRECTOR: After efforthed for use as the Dept. of Health or If them 21 is marked.	4	AT WORK NOT WAT WO AT W	of older	tal) attended the body	10	77 7	DEGREE	ATTENDING PHYSICIAN	SMEDICAL _	an the date and  STAFF PHYSICIAN		L, that (I) (we) last he causes stated
TO HOSPITA	should be de with the Stat			adesh	K, Br	natiani	M.D.		S Reist		n Rd.	1	7/-0
BP_		23e B	URIAL, CREMATION  SPECIFIC BUPIAL	, REMOVAL	236. DATE 2-14	-86		cemetery or awn Ce			iltimore	COUNTY	·Md.
	6 50M 4/83	24. FL	INERAL DIRECTOR								GISTRAR 255, REC		
	0 50M 4/83	Не	nry W.	Jenki	ns & So	ons Ĉ	o. Balt	o., Md.	. FE	B251	986 Julie	Devidour	-Nandelle

STATE OF MARYLAND

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STATE OF MARYLAND



DHMH - 16 60M 7/B4

7922 Wise Avenue (VRA 15, 4)

(SPECIFY) Burial

24 FUNERAL DIRECTOR Duda-Ruck, INC.

Dundalk, Maryland 21222

St. Stanislaus

2/18/1986

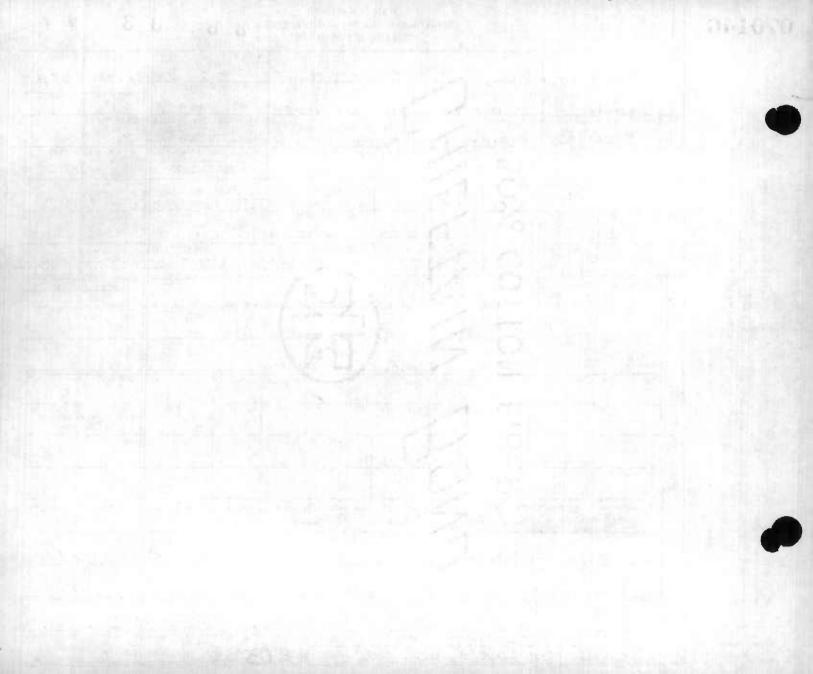
250 DATE REC'D. BY REGISTRAR 210. REGISTRAR'S SIGNATURE LAW.

Baltimore

Maryland

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770146		1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0	3 8	4
	Ī		CEASED NAME FIRST		MIDDLE	L	ASI	2a DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
nay be page 3 er death		livet	Ges	tru De		50	iDenstein	02-	20.	1986	6:20 p M
		3. SE>		4 RACE		S. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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ne funeral within 72 i	21	_	ew York Cit			WIDOWE		Baltimore		-	MD.
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24 having all be in and be in must be	5	13n S	RESIDENCE (IF NUR TATE TYLAND MC	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /			20852)
thin tely 2 sho	-11	4 FA	THER'S NAME				15 MOTHER'S MAIDEN NAM	AE	WIIC D		
complete word	1		Nathan	MIDDLE	Schoen	berg	Anna	WIDDLE		Seli	gson
5 5 5 TO	1	160 V	AS DECEASED EVER IN U.S.		16b SOCIAL SECUE		17 INFORMANT	Mar	yland	20852	
Page		()	NO (1F YES	GIVE WAR OR DATES)	289-48-7	508	Louis Seiden;	Son:11100 F	losemo	nt Driv	re;Rockvi
A STATE	f		18 CAUSE OF DEATH Ente	r only one cause pe	r line for (a), (b), and	l ic				APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
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opic opic		/	9/16	DUE TO, C	R AS A CONSEQUE	NCE OF					
d girth			Canditions, if any, which gave rise to immediate	(b)_	Aspira	1000					
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signe signe hen p ta bur		z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 10	3
ren		CERTIFICATION	19a DATE OF OPERATION	19h CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	700 AUTOPSY?	120h IF YES	, WERE FINDIN	JGS LISED
no. no permine premine	7	IFIC		14 1				YES NOT	IN CERTIFY	YING CAUSES	OF DEATH?
N. Th.		ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY	-	21c. HOW INJURY OCCURR			ART I OR PART 21	NO []
	1		OR CONTRIBUTING CAUSE OF	DEATH HOUR A		Y YEAR					
PHYSICIA ending pt this certif ie burial-i ad Mental		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM		OF INJURY	19	21f LOCATION				
4 , 4 5 6		ME	WHILE NOT WHILE AT WORK	I AT HOME, ST	REET FACTORY, OFFICE, FA	RM ETC J	STREET	CITY OR TO	WN	COUNTY	STATE
Aff alth	9	127	220.1 certify that (I) (this h	ospital) ottended ti	he deceased from	21	25 19 8-6	10 2 / 2	6	19 5-6	that (II ( <u>we)</u> last
TEN TOR for us	2/3	÷	saw the deceased alive abave, (1) (we) (did) (did	_ /		6 , ar	d that in (my) (aur) apinian o	leath occurred on the do	ate and hour		
DIRECTO	17	201	226 SIGNATURE	nat view the bady	diter death.		DEGREE			22c DATE	SIGNED
			coller o	Mura	11 2 2		ATTENDING PHYSICIAN	MEDICAL STAF		0/2	1/5-1
O HOSPITAL etained by th TO FUNERAL should be deta	1		224. PHYSICIAN'S NAME (T	(PE OR PRINT)	The First		22e ADDRESS	J Diffeet On Earth 1970	7X.(* [_]	1314	6186
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To To Sho		23a B	URIAL CREMATION REMOV			AME OF C	EMETERY OR CREMATORY	23d LOCATION	- FA	MSP , YG	
BP		B	specify) urial	2/28/8	86 Kin	o Day	vid Memrial Go	Falls Ch	nirch.	Fairfay	r. Va
	. 1		NERAL DIRECTOR DANZ	ANGKA-WI	DREDC MEN	OD TAT	CUADET C 250 DATE	REC'D BY REGISTRAR	25b. REGISTR	RAR'S SIGNATI	URF
DHMH - 16 60M 7/8 (VRA 15, 4)	4	117	O Rockville I	Pike: Rocl	kville. M	1. 20	352 MAR	0± 1996	na weith	doon-Hark	Jella i
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BP. DHMH - 16 60M 7 (VRA 15, 4)

6010 REISTERSTOWN RD

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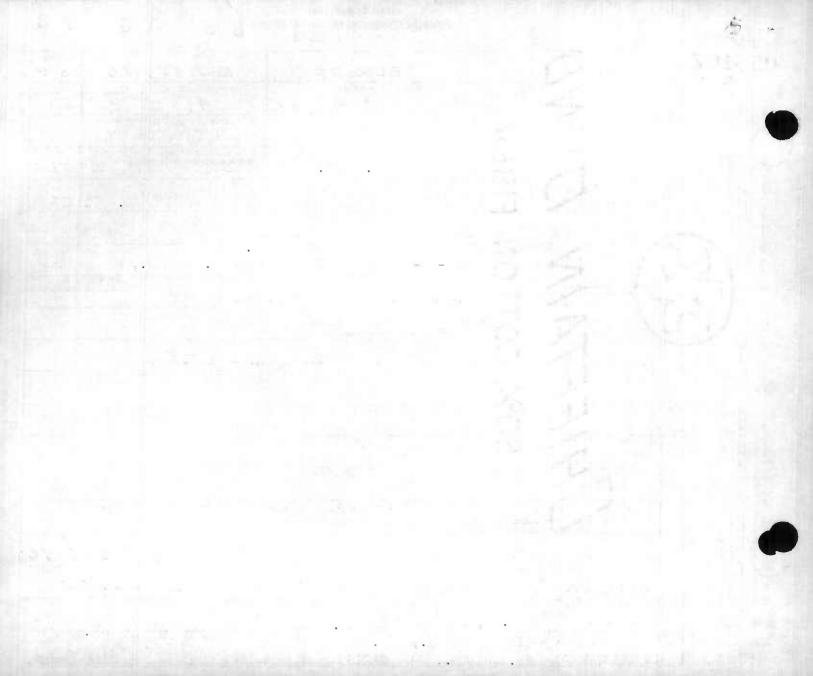
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	REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST PE OR PRINT! HENRY	MIDDLE	BEL	KOFF	20 DATE OF DEATH MONTH	Y G 10 F
3 S	►× ALE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)  9 / YRS	IF UNDER 1 YEAR IF UNDER 24
97	POLAND	CITIZEN OF WHAT COUNTRY?	0	XX NEVER MARRIED	BALTIMORE CITY OR COUNT	TY OF DEATH
Charles 1		NAME OF HOSPITAL, NURSING BALTIMORE COUNT			12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING) PAINTER	126. KIND OF BUSINESS INDUSTRY DECORATIN
13a	UAL RESIDENCE (IF NURSING DOME OR OTH STATE MARYLAND	HER INSTITUTION GIVE RESIDENCE BEFORE A LIST TOWN BALT IMOI	1		136 STREET ADDRESS / ZIP COL 3907 BROOKHILL	RD. #21215
O III	FATHER'S NAME ISRAEL	SELKOFF		IS MOTHER'S MAIDEN NAME FIRST	H	UNKÑOWN
	WAS DECEASED EVER IN U.S. ARME 1485. 100 UNKNOWN) LIF YES. GIVE W				RS. DORAGDENNY HILL RD. BALTO	., MD 21215
r troumotic	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUEN		milis		
njury, or othe	couse (o), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENT (C) CONTRIBUTING TO D	~ 0	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	EVEN IN PART 110
ows ony injury, or othe	underlying cause lost	(c) Conciner	EATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED
tem 18 shows ony injury, or other  CAL CERTIFICATION	underlying cause lost PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO D  196 CONDITION FOR WHICH C	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G  20a AUTOPSY?  20b. IF YI IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH YES NO
rked or them 18 shows ony injury, or other  MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT COI  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	196 CONDITION FOR WHICH CONDITIONS CONTRIBUTING TO DE 196 CONDITION FOR WHICH CONTRIBUTION	EATH BUT  OPERATIO  Y YEAR  19  RM ETC 1	NOT RELATED TO THE TERM ON WAS PERFORMED  216. HOW INJURY OCCURR 216. LOCATION STREET	INAL DISEASE OR CONDITION G  200 AUTOPSY?  YES NO NO NOTE:  RED (ENTER NATURE OF INJURY IN TIEM 18)  CITY OR TOWN	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH YES NO  DEARL ( OR PART 2)  COUNTY STA
	UNDERLYING COUSE LOST  PART 2 OTHER SIGNIFICANT COLOR  19g. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE ALWORK ALWORK  27g. Levetify that (I) (this bospital)	196. CONDITION FOR WHICH OF THE PROPERTY OF TH	EATH BUT  OPERATIO  Y YEAR  19  RM ETC)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURR  21t. LOCATION STREET	INAL DISEASE OR CONDITION G  200 AUTOPSY?  200. IF YI IN CERT  YES NO SED (ENTER NATURE OF INJURY IN ITEM 18)  CITY OR TOWN	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH YES NO DEATH COUNTY STA
If hem 21 is marked or hem 1	UNDERLYING COUSE LOST  PART 2 OTHER SIGNIFICANT COLOR  19g. DATE OF OPERATION  21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE ALWORK ALWORK  27g. Levetify that (I) (this bospital)	196 CONDITION FOR WHICH OF TIME OF INJURY HOUR A.M. MONTH DA' P.M.  216 PLACE OF INJURY LATHOUGH THE STREET, FACTORY, OFFICE FA.  1) ottended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DPERATION  Y YEAR  19  RM ETC)	21L HOW INJURY OCCURR 21L LOCATION SIREET 19 nd that in (my) (our) opinion of DEGREE	200 AUTOPSY?  YES NO NOTE NOTE NOTE NOTE NOTE NOTE NOTE N	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH YES NO  COUNTY STA  TO THE TOP PART 2)  COUNTY STA  19 that (1) (we but and from the couses state
	Underlying couse lost  PART 2 OTHER SIGNIFICANT COI  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTHEY MEDICAL EXAMINER)  22a.1 certify that (I) (this hospital sow the deceased plive on above, (I) (we) (did) (did not verify that it)	IS CONDITION FOR WHICH OF THE PROPERTY OF THE	EATH BUT  OPERATIO  Y YEAR  19  RM ETC)	216. HOW INJURY OCCURR  216. LOCATION SIREET  217. LOCATION DEGREE  ATTENDING PHYSICIAN  220. ADDRESS	INAL DISEASE OR CONDITION G  200 AUTOPSY?  200. IF YI IN CERT  YES NO SED (ENTER NATURE OF INJURY IN ITEM 18)  CITY OR TOWN	ES, WERE FINDINGS USED  LIFYING CAUSES OF DEATH  VES NO   LIPART LORPART 2)  COUNTY STA  TO THE COUNTY STA  220. DATE SIGNED  2-15-8

21215

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	\$ t	d b	0 70
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	TEN	TOR Par e	21 is
-	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within a holing offer death. Preference by the hospital an attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and community that the transition of should be detached for use as the burnal-transit permit. Then please remove carbonpopers. Pages I and a chiefficial than 172 hawith the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	INPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical number material provides
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	PITA	ERA Stot	Z-
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	o de	Show	WP

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Juneral director, page 3 Thin 72 hours after death

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6	
REG.	NO

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HIN	DAY	YEAR	2b. HO	UR

	I. DEC	CEASED NAME ORPRINT)	FIRST	N	NIDDLE	· ·	AST		20. DATE OF DEATH	NONTH D.	AY YEAR	2b. HOUR	
	line	OK FRINT)	Charles		W.	SELLE	RS	200	February 6	, 1986	5	6:45p	М
П	3 SEX	(	4. F	RACE	1	S. DATE C			. AGE   IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 H	
	Ma]	le.	9-31	White		MONTH		1923	62	YRS	ONTHS DAYS	HOURS	IN.
-	Ja BIF	RTHPLACE (STATE OR	FOREIGN 76.	CITIZEN OF V	WHAT COUN	TDV2 8			BALTIMORE CITY OF		OF DEATH		_
1		ouniry) st Virgini	2	U.S.A.		WIDOWE	NEVER MARRI		Baltimore	Count	tv		MD.
4		TY OR TOWN OF DE		NAME OF H		JRSING HOME C	OR OTHER INSTITUTION	ON	120 USUAL OCCUPATIO	N	12b. KIND C	F BUSINESS	
7	Pos	ssville	F		n Saus	are Hosp	ital		Crane Ope			Steel	
6	USUA	AL RESIDENCE (IF NUR	SING HOME OF OTH	ER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)				No. of the last	Theen.	Decer	_
C	13a. S		Baltim		13c. CITY OR  Dunc		YES NO		107 Delma:		1110	212	22
		ryland THER'S NAME	Daitin	1016	Dune	lain	15 MOTHER'S MAIL			Aven	iue	212	22
20	5.	FIRST	WIDI		LAS'		FIRST		MIDDLE		D = 3=		
20	Jol 140 M	nn VAS DECEASED EVER		D FORCES?	Sel:	SECURITY NO.	Laura 17 INFORMANT		· ADDRE	SS	Dok	e	
	( )	ES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)									
	Yes	5	WW	II	233-2	26-5744	Josephi	ne H.	Sellers	S	ame as		_
		18 CAUSE OF DEAT PART I, DEATH V	TH (Enter only o	ine cause per	line far (a), (b	or, and ich	A .			0	BETWEEN	MATE INTERVAL DNSET AND DEA	TH
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		11 95		DUE TO, OF	AS A CONS	EQUENCE OF	D . 0 A	11.	_	7 17	0		
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		underlying cause	e last	(c)			Branch .		(	,			
H	_	PART 2 OTHER SIG	NIFICANT CON	IDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CONE	ITION GIVE	N IN PART I		
	CERTIFICATION		050						Various visit				
-	CA	190 DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?	206 IF YES, IN CERTIFY	WERE FINDE	OF DEATH?	
K	RTIF			1. No		227.044			YES NOXX	YES		NO 🗌	
2		210. ACCIDENT WAS UN	band	116 TIME OF		DAY YEAR	71c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	IN ITEM 18 PA	RT ( OR PART 2)		121
7	CAL	(IF EITHER NOTIFY MED		P.#		19	100						
	MEDICAL	21d. INJURY OCCUR	RED	TIE. PLACE		FICE, FARM ETC	711 LOCATION	United to	CITY OR TOV	77	COUNTY	STATE	
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		220.1 certify that	(this haspital)	attended the	deceased fo		ary 4 19					that (X (we)	last
P		saw the deceas abave, ( (we) (	sed alive an	ew the body	ry 6	19 <u>86</u> , an	d that in (My) (aur)	apınıan de	eath accurred an the da	te and haur	and fram the	causes stated	1
		276 SIGNATURE	. /		/		DEGREE		47		22c. DATE	SIGNED	/
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		specify) rial	200	2/10/	1986	Holly	Hill		White Mar	sh	COUNTY	larylar	nd
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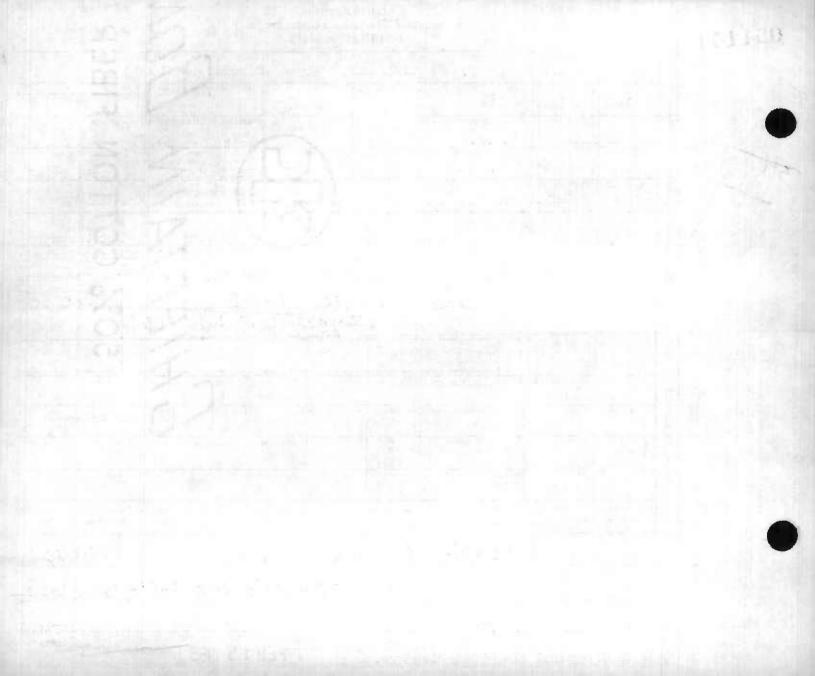
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

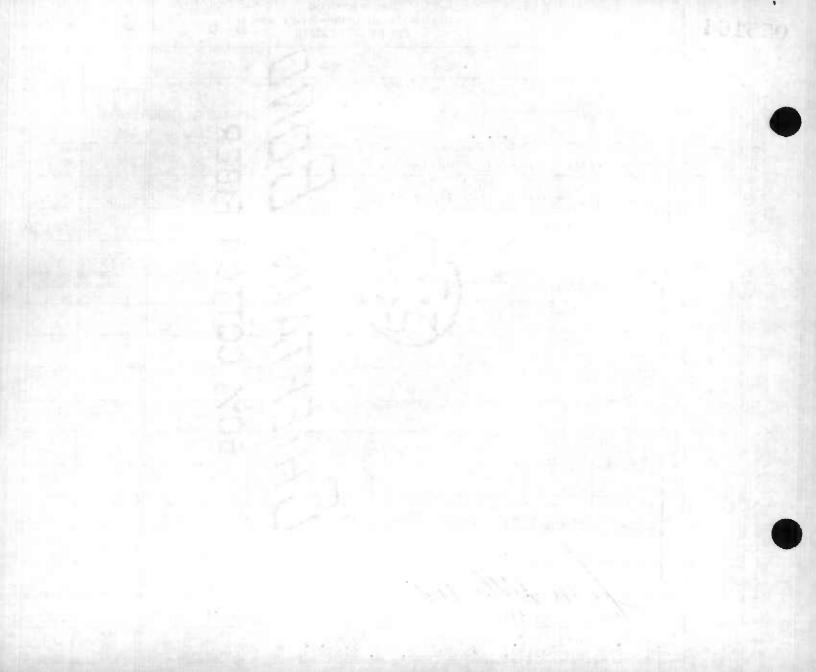
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ł	1 DEC	EASED NAME	FIRST		MIDDLE	- 1	LAST		20. DATE OF DEATH		AY YEAR	2b HOUR		
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l		Male		White		3	DAY 5	1930	55	YRS.	ONTHS DAYS	HOURS MIN		
-	C	OUNTRY)	Page 100		WHAT COUNTRY?	8 MARRIE	D NEVER MAR	RRIED -	9 BALTIMORE CITY O	R COUNTY	OF DEATH			
4		st Virgi		U.S.F		WIDOWE			Baltimore		MD.			
	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN THEACILITY, GIVE STREET	STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						F BUSINESS OR		
1	Du	ndalk		41 Kin	ship Road	2122	2.2		Millwright	ight Beth. Steel				
1	13a S Ma	TATE ryland	13b COUI Balt	ROTHER INSTITUTION. VIY CIMORE	130 CITY OR TOW	ADMISSION)	134 INSIDE CITY		13e STREET ADDRESS		The l			
1		THER'S NAME			Dundalk		YES NOTHER'S MA	A IDENINIAA	41 Kinshir	Road	21222			
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1		AS DECEASED E			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	<sup>SS</sup> 10 L	ibertv	Parkway		
l	Ye	ES. NO OR UNKNOW!		-1953	232-38-2	2134	LaVoyce	Dick	cerson		o., MD	-		
Ì		18 CAUSE OF D	EATH (Enter or	nly ane cause per	line far (a), (b), and	dien	3 1 1 7 7 7 7 7				BETWEEN	MATE INTERVAL		
ı		PART I. DE AT	TH WAS CAUSE	D BY: TE CAUSE (a)	Poss	A	cute	M	, I		Inc	Court		
ı			WWW.EDW.		R AS A CONSEQUE	NCE OF (	harras	-0						
ı		Conditions, if	any which	1	R AS A CONSEQUE	NCE OF	ingo c	avou	al Infar	elicy				
1		gave rise to	immediate	) (b)						-				
۱		couse (a), s underlying c	ouse last	DUE TO, O	R AS A CONSEQUE	NCE OF					100			
ı		PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	OTTON GIVE	ENLINI DADT 110			
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1	CERTIFICATION	19a DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?		, WERE FINDIN			
۱	Ĕ			1 1					YES T NOT		YING CAUSES	NO		
1	CER	21a. ACCIDENT WA	S UNDERLYING			N.E.J.	21c HOW INJUR	RY OCCURR	RED (ENTER NATURE OF INJUR					
		OR CONTRIBUTING												
ı	MEDICAL	21d. INJURY OC	MEDICAL EXAMINE	21e PLACE	M.	19	211. LOCATION							
ı	ME		OT WHILE	(AT HOME STE	REET, FACTORY OFFICE F	ARM ETC )	STREET		CITY OR TO	WN	COUNTY	STATE		
ı		AT WORK	TWORK											
ı					e deceased fram_			19	, to			that (1) (we) last		
1				t view the bady	after death.			r) apinian c	death occurred on the do	ite and hour				
ı		226 SIGNATURE		0 000	11 3	7	DEGREE				22c. DATE	SIGNED		
ı				path	spell		. 19. D PHY	SICIAN A	MEDICAL STAF		2/1-	5786		
1		226. PHYSICIAN	S NAME TTYPE	PRINT)			226 ADDRESS					, ,		
		Dr.			Dang		40 Du	nda	le sue	Balte	s Ad .	21222		
	23a B	URIAL, CREMATI	ON, REMOVAL	236 DATE	23c N	AME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE		
		rial		2/18/1	986 0	ak Lav	wn		Baltimore	2		Maryland		
1		NERAL DIRECTO	R					250 DATE	E REC'D. BY REGISTRAR	256 REGISTA	RAR'S SIGNAT			
	Das	NAME da-Puck	Funora	1 Home 5			k, MD 212		B 1 8 1986	Ticha Da	migran-N	or pro-		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND



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	1 -	FOR STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 3 9	0 3
		OR PRINT) EVE	LYN	SHI		2a DATE OF DEATH	2.3.86	
	3. SE	(	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS DA	
		emale	Black	Llanua	ery 22, 1896	90 YRS.		
15	76 B1	RTHPLACE (STATE OR FOREIGN TOUNTRY Maryland	USA	WHAT COUNTRY?   8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city of		MD.
	Mª CI	Randallstown	(IF NOT IN SUC	HOSPITAL, NURSING HOME C HEACHITY, GIVE STREET ADDRESS)  Imore County		12a USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Domest:	WORKING LIFE) INDUSTI	O OF BUSINESS OR
25	13a. S		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE Suth St.	21229
20	14 FA	George	MIDDLE	Toney	15. MOTHER'S MAIDEN NA.  Ida	WE	n n	
0		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	
1	Carried I	No	S. OIVE WAR ON DAIES	215-05-6203D	Georgia E.	Bobbitt 1	19 S. Kossu	th St.
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA			temia		APPR BETWE	OXMÀTÉ INTERVAL EN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the	h e (b)	R AS A CONSEQUENCE OF	Delyderal	ion		
		underlying cause los	1.		Mecenins	mer		
^	NO	PART 2 OTHER SIGNIFICA	INT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or cont	DITION GIVEN IN PART	10
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO		
9		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA	DE DE ATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	AN COUNTA	STATE
		22a. I certify that (I) (this saw the deceased alivabove, (I) (we) (and) (d	e on 2	19.80,01	nd that in (my) (our) opinion	deoth occurred on the do	te and have and from t	-, that (1) (we) last he causes stated

DEGREE

ATTENDING PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If them 21 is marked or them 18 sh

230 BURIAL CREMATION.

Burial

|SPECIFY|

24 FUNERAL DIRECTOR Spencer E. Sewell Box 31 Prince Fred.MD 20678

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Calvert MD

22c DATE SIGNED

MEDICAL STAFF
DIRECTOR PHYSICIAN

8,1986 St. Johns H.M. Chr. Cen. Lusby Cal.

250 DATE REC'D BY REGISTRADISH REGISTRA

063033	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND BALTH AND MENTAL HY ICATE OF DEATH	0 0	0	3 9	0 4	
000000		CEASED NAME	FIRST	•	MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
yy be oge 3 deoth	(1117	ONFRINTI	Carl		SI	HROPSHI	RE	February	27, 198	36	9:15a M	
. po	3. SE		(T)			5. DATE O		6 AGE (IN YEARS LAS	BIRTHDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
rs of	Ma	1e		White		8-1	14-1°915 YEAR	70	YRS.	MONTHS	HOURS MIN.	
leoth. Pa neral dir in 72 hau		THPLACE (STATE OF		USA.	WHAT COUNT	RY? 8 MARRIE WIDOWI	NEVER MARRIED DIVORCED	Baltimore County  Baltimore County				
	Ro	ssville		Fran	klin S	Square	Hospital	120 USUAL OCCUP (TYPE OF WORK FOR MO Welder-R	ST OF WORKING LIF	EL INDUSTRY	en-Hart	
filled iff	USU, 13a S M U	L RESIDENCE (IF NUF TATE )	Balt	other institution	GIVE RESIDENCE BE		138. INSIDE CITY LIMITS?	30 STREET ADDRES	s / zw code	., Ba	lto. 212	
MARYL/ mpletely	4 FA	Sidney		MIDDLE	Shrops	shire	Sadie	AME	J	lenkin <sup>s</sup>	S	
IMORE, or execution and confine and confin	160 V	(AS DECEASED EVE ES NO OR UNKNOWN)	R IN U.S. AR		166 SOCIALS 238-12		Rose E. Sh	ropshire			od Rd.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE ING PHYSICIAN: The low requires that the death certificate be executed this certificate has been signed by the ottending physician and as the buriol-transit permit. Then please remove carbonappers: Pages than and Mental Hygiene prior to buriol, cremation, or remaval.	CERTIFICATION	gove rise to im cause (a), statiunderlying cause PART 2 OTHER SIG	ng the e last MIFICANT	DUE TO, O	R AS A CONSE	OUENCE OF	NOT RELATED TO THE TERM		ONDITION GIV	S, WERE FINDIN	NGS USED	
AL RI on.	T.F.	San Charles		1000				YES X NO		YING CAUSES	NO []	
OF VITA SICIAN: T ng physici certificate riol-transi ental Hyg		210. ACCIDENT WAS UP OR CONTRIBUTING [	CAUSE OF DE		M. MONTH	DAY YEAR	71c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18 P	ART I OR PART 2)		
OIVISION  AG PHYS  offer this os the but th ond M.  orked or	MEDICAL	AT WORK AT WI	WHILE DRK		REET FACTORY, OFF		211 LOCATION STREET		TOWN	COUNTY	STATE	
O HOSPITAL OR ATTENDING etroined by the hospital or TO FUNERAL DIRECTOR. Af should be detached for use owith the State Dept. of Health MPORTANT: If Hem 21 is mo		saw the deceo opove, if (we) 220 SIGNATURE 221 PHYSICIAN'S N LFG	IAME (TYPE C	PR PRINT	e deceased from Y 27 after death.	9_60_, 01	DEGREE  ATTENDING PHYSICIAN [ 22e ADDRESS  9000 Frank	MEDICAL S	TAFF SICIAN	22¢ DATE	SIGNED 86	
BP	23a B	urial, cremation	, REMOVAL	3-1-8			emetery or crematory s of Faith	23d LOCATION Balti	more	Balto	., MT	
DHMH - 16 60M 7/B4 (VRA 15, 4)		h hame C . M	iller	, Inc.	, 641E	Bela:		TE REC'D. BY REGISTR	1 1 0.	Peridson	_	

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Mary II. The Mary II.

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND

PENERO O ADDITION AND THE GRANT OF STAG MANAGEMENT Said to describe nd But Buster in The American Part Turnes Hopker Caller Street THE THE PARTY OF T the state of the s The state of the s

049052

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 217 09 3980 REGISTRAR REG. NO DECEASED NAME 70 DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTS CARROLL DENNIS SIMMONS FEBRUARY 6, 1986 11:10 A 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS OCTOBER 3 1911 MALE WHITE 74 BERTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED COUNTRY WEST VIRGINIA U.S.A. WIDOWED DIVORCED | BALTIMORE COUNTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 17a USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING HEET INDUSTRY FORT HOWARD VA MEDICAL CENTER HOME IMPROVEMENT USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STATE 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 101 N. STEWART STREET FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE JOHN SIMMONS VIRGINIA SIMMONS 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) YES WWII 217 09 3980 CLINICAL RECORDS, VAMC, FORT HOWARD, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROGRESSIVE HYPOXTA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) CHRONIC OBSTRUCTIVE AND RESTRICTIVE PHILMONARY gave rise to immediate couse (o), stating the DISEASE DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO CERT 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STATE AT HOME STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 270 I certify that (1) (this hospital) ottended the deceased from FEBRUARY 86 FEBRUARY 6 saw the deceased alive on FEBRUARY 6 19 86 , and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the Bady after death. DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Y 2-7-86 77e ADDRESS VA MEDICAL CENTER C.V.J. VERGHESE.  $_{\rm M}$ FORT HOWARD 23c. NAME OF CEMETERY OR CREMATORY 236. DATE PROCESS COUNTY CREMATION 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

in waydon-itand

DHMH - 16 60M 7/B4 (VRA 15, 4)

84

100 6 100 5

033	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYD CATE OF DEATH	GIENE 8 6	0	3 9	0 /
		CEASED NAME OR PRINT)	FIRST		MIDDLE	L	.51	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
			Jennie C. SIMMONS						8, 198		7:14 m
	3 SEX	Female		A RACE White  75 CITIZEN OF WHAT COUNTRY?  USA		June 9 1917  MARRIED NEVER MARRIED WIDOWED DIVORCED		6 AGE (IN YEARS TAST BIR		FUNDER I YEAR	HOURS MIN,
1/2		RTHPLACE (STATE OR FO	OREIGN 76 CT					9 BALTIMORE CITY OR COUNTY OF DEATH			
10		Pa.									MI
5/	90	TY OR TOWN OF DEAT COSSVILLE	IF NOT IN SUC	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS!  in Square Hospital			120 USUAL OCCUPATION OF WORK FOR MOST CONTROL HOUSEWIF			F BUSINESS OR	
		AL RESIDENCE (IF NURSIN TATE Md.			GIVE RESIDENCE BEFORE	ADMISSION	13d. INSIDE CITY LIMITS? YES NOW!	13e.STREET ADDRESS	ZIP CODE	ad 212	2.1
100	i.4. FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME	end No		
NO	1	William	WIDDLE		Menchey		Jennie	WIDDLE	S	tover	ī
1		AS DECEASED EVER II			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI		COVCI	
1	0	no or unknown)	(IF VES, GIVE WAR	212-36-803			Thomas Ben Simmons 330 Townsend Road 21				
y, or other trou		Conditions, if ony, gove rise to imm couse (0), stoting underlying couse  PART 2. OTHER SIGN	ediote g the lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 110	0
or to by injur	NO			CY							
lows on	CERTIFICATION	19a DATE OF OPERATION 19b COND			ITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
19 cm 18 cm		21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	AUSE OF DEATH	Ib. TIME O HOUR A. P.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
rked or H	MEDICAL	71d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  21e. PLACE (AT HOME STI			OF INJURY REET FACTORY OFFICE, FARM, ETC ]  211. LOCATION STREET			CITY OR TO	OWN	COUNTY	STATE
21 is mo		220.1 certify that (this hospital) attended the deceased from February 9 , 1986 , to February 28 , 186 , that (we) los sow the deceased alive on February 28 1986 , and that in (14) (our) opinion death accurred on the date and hour and from the causes stated above. The deciding this party view the body after death									
Hem Hem		226 SIGNATURE			1.2	(	DEGREE			22c. DATE	SIGNED
TN -		22d PHYSICIAN'S NA	lon	M.	Mille	, M	ATTENDING PHYSICIAN [	MEDICAL STA	FF	2/2	8/86
PORTA			vin M. N	<u>/////////////////////////////////////</u>	r, MD			in Square D	rive,	21237	
, 3 ≤	22. 0	LIDIAL COCHANICAL D	Ton.	0.475	T 22 A	AME OF S	HISTORY OR COC.	Table 10 CAZIONI			

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Connelly Funeral Home 300 Made Ave. 21221

236. DATE

3/4/86

230 BURIAL, CREMATION, REMOVAL

Buria1

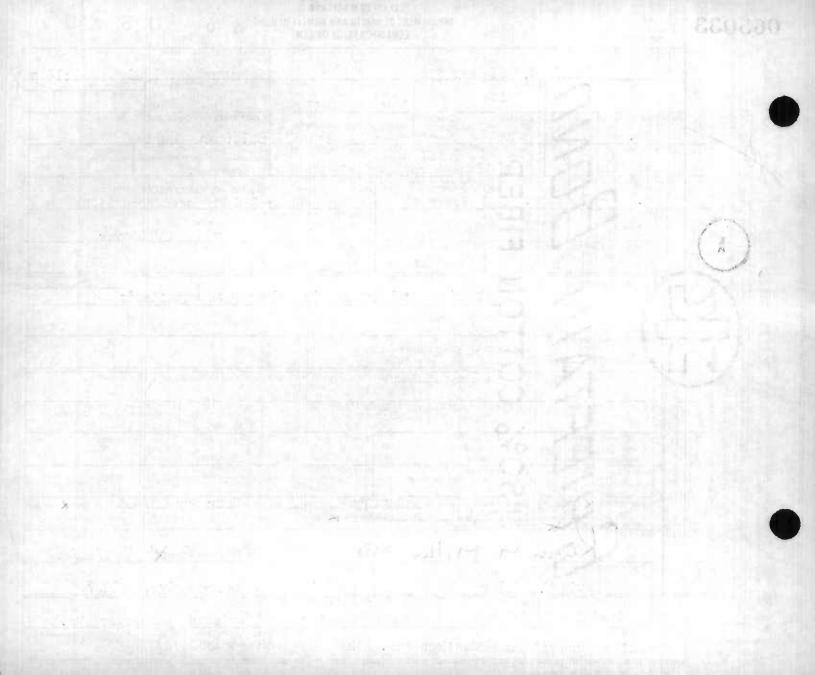
(SPECIFY)

231 NAME OF CEMETERY OR CREMATORY

Marietta Cemetery

23d LOCATION CITY OR TOWN COUNTY Marietta Lancaster 250 DATE REC'D BY REGISTRAN 256 REGISTRAN S. SIGNATUBER

STATE Pa.



	FOR DEPARTMENT OF HEALTH AND MENTAL HYCIEMS ( ) "7 ) 1 9									
042038	1 - STATE REGISTRAR	DEPA	RETMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	5 9 0 0					
	I. DECEASED NAME	FIRST MIDDLE	LAST	REG. NO.  28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
9 8 4 9 Pe	(TYPE OR PRINT)		C:							
nay be	Howard 3. SEX	4. RACE	Simms 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	5 1986 3:52P.N					
tor.			MONTH DAY YEAR		MONTHS DAYS HOURS MIN.					
Poge directions	Male  78. BIRTHPLACE (STATE OR FORE	White IGN 76 CITIZEN OF WHAT COUNT	12 29 1901	84 YRS  P BALTIMORE CITY OR COUN						
# 25 36 #	COUNTRY)	THE CHIZEN OF WHAT COOK!	MARRIED   NEVER MARRIED	S ALTIMORE CITY OR COUN	IT OF DEATH					
9 5 5	Mary land	U. S. A.	RSING HOME OR OTHER INSTITUTION	Baltimore 120 USUAL OCCUPATION						
\$ 4 3 P	TO CITT ON TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE S	FREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
20 nrs	Baltimore	Little Sister  G HOME OF OTHER INSTITUTION, GIVE RESIDENCE B	s of the Poor							
4 6	130 STATE	Bb COUNTY 13c. CITY OR 1		13e. STREET ADDRESS						
7 3 5	Maryland	Baltimore Catons	sville YES NO W		oice Lane 21228					
in the second se	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST					
	Charles	Sim			McGunnican					
Poges	16a WAS DECEASED EVER IN (YES, NO OR UNKNOWN) (	U.S. ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS						
S. Po	No	219-1	8-0407   Sr. Mauree	n 601 Maiden C						
ote ote	18 CAUSE OF DEATH	Enter only one cause per line for (a), (b)	2 ond ici	101	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
phys phys pnpop emove	PART), DEATH WAS	AMEDIATE CAUSE 10: Trul	e Myocardie	I Intaret	M					
or respective		DUE TO OR AS A CONSE	CHENCE OF	V						
deat deat other nove ation, traum		DUE TO, OR AS A CONSEQUENCE OF V  Canditions, if ony, which ( 1b)								
the o		gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF								
thot thot d by ease ol, cr	underlying couse									
2 2 2 2	PART 2 OTHER SIGNIF	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
equire n sign Then r to bu	190 DATE OF OPERATION	Tes Mellite	is Peripheral	Vastular	Disease					
beer mit.	S 190 DATE OF OPERATIO	ON 196. CONDITION FOR WE	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED					
he le					TIFYING CAUSES OF DEATH? YES NO NO					
HYSICIAN: The ding physicio is certificate burnol-tronsit burnol-tronsit mem 18 sho	210 ACCIDENT WAS UNDER		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 1	8, PART 1 OR PART 2)					
PHYSICIAN: ending physicians certifico this certifico de buriol-tron de Mental Hy d or them 18	OR CONTRIBUTING CAL	JOE OF DERIN	19							
₹ ₹ Pres dit	OR CONTRIBUTING CALL (IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED WHILE DOOR WHILE	21e PLACE OF INJURY	211. LOCATION							
ING PH r often that os the orkeds	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE					
O O E	22s.1 certify that (I) (th	his hospital) attended the deceased fro	om	tq	19, that (1) (we) last					
ATTEND: ospitol or ospitol or deforuse of Heol		alive on		n death accurred on the date and h						
OR A DIREC oched Dept.	22b. SIGNATURE	1 1	DEGREE		22c DATE SIGNED					
PITAL OR ATTEN by the hospital ERAL DIRECTOR e detoched for u State Dept. of He ANT: If them 21 is	1/8	zerzaran	MD ATTENDING	MEDICAL STAFF	2-6-86					
PITA by ANT	224 PHYSICIAN'S NAM	22d PHYSICIAN'S NAME (TYPE SAPRINT)  22d ADDRESS  22d ADDRESS  22d ADDRESS  22d ADDRESS								
TO HOSPITAL Of retoined by the Should be detoo with the Store Limportant: If	SI BASKA	RAN,	3455 W	Leus Mr.	partmov					
5 g 5 d ₹	23a BURIAL, CREMATION, RE	MOVAL 23b DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d LOCATION	2-1					
BP	(SPECIFY)	2/7/86	New Cathedral Cem.	Baltimore	Maryland					
	Burial 24 FUNERAL DIRECTOR	2///00	25-670		Mary rand					
DHMH - 16 50M 1/76 (VR A 15 (4))	NAME	ADDRESS	21229	EL PAROD, BA 1388 VELSTPRECE	11,41					
	Hubbard Funeral Home, Inc. 4107 Wilkens Ave.									

See 1 1986 I was a see of the

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

									REG. N	0.		
	ECEASED NAME	FIRST	М	IDDLE	l.	AST		20 DATE OF	DEATH	MONTH	DAY YEAR	2b HOUR
(,,,	PE OR PRINT)	Frieda			Simps	on		Februa	ary 2	7, 1	986	11:15 %
3 S	EX	4. R	ACE	100	5. DATE C	FBIRTH	303-7	6 AGE (IN YE	ARS LAST BIR	THDAY)	IF UNDER I YEAR	
	Female		White		Jul		1893	92	4	YRS	MONIHS DAYS	HOURS MIN.
7a. E	BIRTHPLACE (STATE OR FO	DREIGN 76 C	ITIZEN OF V	HAT COUNTRY?	8					R COUN	TY OF DEATH	
t	Maryland		USA		WIDOWE	D NEVER	WORCED [	Balti	imore	Cou	nty	MD
10	CITY OR TOWN OF DEA			OSPITAL, NURSI			TITUTION	120 USUAL C				OF BUSINESS OR
1	Rossville		Frankl	in Squar	e Hos	pital		(TYPE OF WORK	isewi	fe	1.000111	
	JAL RESIDENCE (IF NURS)	AS LOUNTY		THE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13e STREET A	DDRESS	ZIP CO	DE	
Ma	aryland	Cecil		erryvil	le	YES 🗌	NO KK	390 Ch	arter	Hal	1 Road	21903
14) F	ATHER'S NAME	MIDDI		LAST			S MAIDEN NA		MIDDLE			ST
V	John	MIDDI	Gr	inath		E	lizabet	h	WIDDE		Hause	
160	WAS DECEASED EVER			166 SOCIAL SEC	JRITY NO	17 INFORM			ADDRE			
-	TES, NO OR UNKNOWN)	(IF YES, GIVE WAI	CONDATES)	220-24-	4696	Rick	Simpson	n 61 Sa	alix	Cour	t 21220	
	18 CAUSE OF DEATH			ine for (a), (b), or	nd icili						APPROX BETWEEN	XIMATE INTERVAL
	PART I. DEATH W.	AS CAUSED BY		CARD	opulm	onary /	Arrest					7733
н	DUF TO OR AS A CONSEQUENCE OF											110 17 17
	Conditions, if any,	which (	1b)	Septice	mia, [	Dehydra	ation a					
	gave rise to imm cause (a), stating		DUE TO OR	AS A CONSEQU	ENCEOF	H KAII	7730	Imbalance				
	underlying cause	lost.	(c)	71071 00710200								
	PART 2 OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE	ORCON	DITION (	GIVEN IN PART 1	ta
CERTIFICATION		Congest	ive He	art Fail	ure, I	Dement	ia					
73	190 DATE OF OPERAT	ION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTO	PSY?		YES, WERE FIND	
E	4 2	67.83						YES 🗌	NOX	I III CER	YES [	NO [
N. N.	210. ACCIDENT WAS UND		216. TIME OF	INJURY	AY YEAR	21c. HOW I	JURY OCCUR	RED (ENTER NA	TURE OF INJU	RY IN ITEM	T8 PART   OR PART 2)	
AL	OR CONTRIBUTING C		P.A		19				99-			
MEDICAL	21d. INJURY OCCURR	ED	21e PLACE C	F INJURY ET FACTORY, OFFICE.	SARA SICA	211 LOCATE		1	CITY OR TO	WN	COUNTY	STATE
2	WHILE NOT WHI	IE 🗆	IN HOWE SIKE	ET PACTORT, OFFICE.	FARM EIC J	1	Marie					
	22a.1 certify that	this haspital	attended the	deceased from.	Febru	ary 26	19 86	to Fel	ruar	y 27	. 19_86	, that 🗶 (we) last
	saw the decease	d alive on	eoruar	y 21 19	86 ar	d that in the	(aur) apinion	death accurred	d an the d	ote and h	nour and from the	causes stated

FUNERAL DIRECTOR. After should be detached with the State Dept. MPORTANT BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)
N. Gauhar

22b. SIGNATURE

24 FUNERAL DIRECTOR

3/1/86

23c NAME OF CEMETERY OR CREMATORY St.Michael'sLutheran

DEGREE

Perry Hall

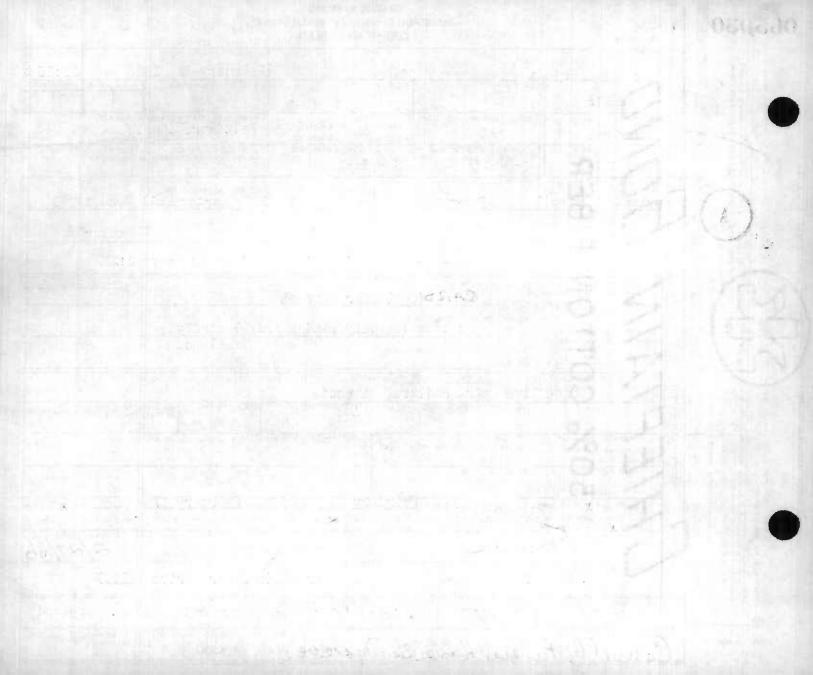
and that in (per) (aur) apinion death accurred an the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

9000 Franklin Square Drive

Baltow Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ome 300 moce as MAR



066121	Ľ.	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	3 9 1 0
noy be poge 3		CEASED NAME FIRST OR PRINT! HELEN	E. S	sines	20. DATE OF DEATH MONTH D	PG VO: YSAM
director, po	3. SE	F	RACE	5. DATE OF BIRTH  MONTH  8-26-20  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
\$ 300 B		OUNTRY)  Ad.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Daltimore CITY OR COUNTY	County MD.
by the fur	-	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN SHENDT IN SUCH FACILITY, GIVE STREET /	ADDRESS HOSPICE	120 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIFE Sales Rep.	12b. KIND OF BUSINESS OR INDUSTRY  Utilities
filled in	13o. S	RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT TYland Balt		N 134 INSIDE CITY LIMITS?	3513 Sweet Air	
Semine on pletely of 2 st		Jacob	ebau		WIDDLE	Bowman
on and co	(	(AS DECEASED EVER IN U.S. ARM ES NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECU NAR OR DATES) 214-12-	RITY NO. 17 INFORMANT Reuben E.	Sines, 3513 Swe Phoenix,	eet Air Road, MD 21131
that the state of the state of by the state of the state		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	percalcemia NCE OF BRAST CAR	ncer	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
low requires is been signe ermit. Then p e prior to bur	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES.	, WERE FINDINGS USED YING CAUSES OF DEATH?
SICIAN The ring physician certificate hourial-transit phental Hygien term 18 show	MEDICAL CERTIF	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	YEAR 19	YES NO YES	S NO
NG PHY offer this os the bi th ond N orked of	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE FA		CITY OR TOWN	COUNTY STATE
ATTEND or use CTOR. A for use of for use m 21 is m	19	220 I certify that (I) (this haspita sow the deepase alive on above, (I) (we) (did) (did not)	A second	6 , and that in (my lour apinion	death occurred on the date and hour	
by the hore by the hore by the hore before detached State Dept. State Dept.	9	276. SIGNATURE REF	aulkner		MEDICAL STAFF DIRECTOR PHYSICIAN	22t. DATE SIGNED
ro Hospital etoined by 11 TO FUNERAL should be det with the State		Kendall R. F.	aulkner, M.D.	Towson, MD	Dulaney Valley Rd 21204 - Stell	a Maris Hospice
BP	23o. 8	urial, cremation, removal Specify) Burial	<sup>236. DATE</sup> Feb. 19,1986	TAME OF CEMETERY OR CREMATORY	New Freedom,	York, PA

DHMH - 16 60M 7/84 (VRA 15, 4)

Feb. 19,1986 New Freedom

Feb. 19,1986 Cemetery

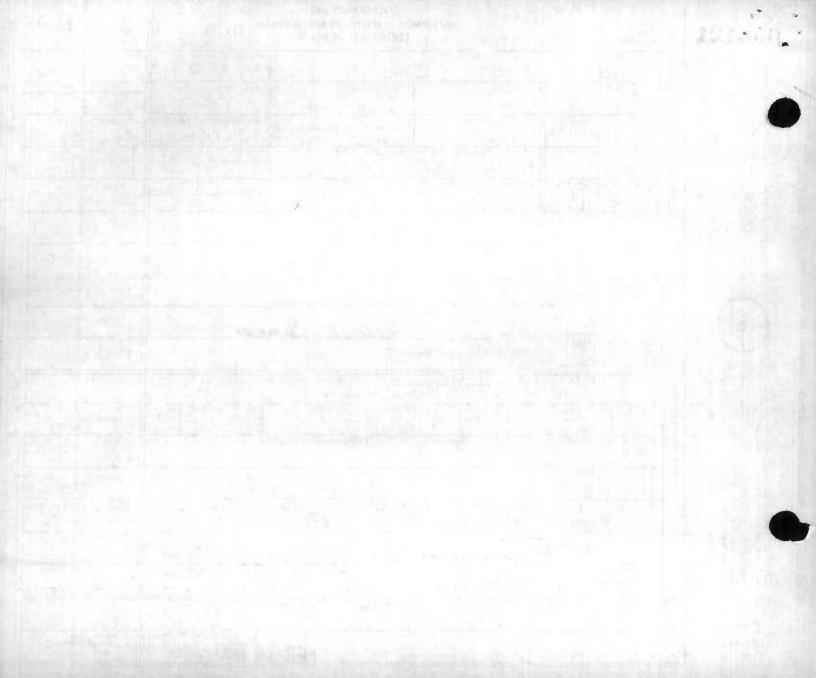
Feb. 19,1986 Cemetery

Feb. 19,1986 New Freedom

Feb. 19,1986 New Freedom

Franklin Str.

J.J. Hartenstein, New Freedom, PA 173446



STATE OF MARYLAND

FOR

051010

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 REG. NO.	0	3	9	1	
REG. NO.					

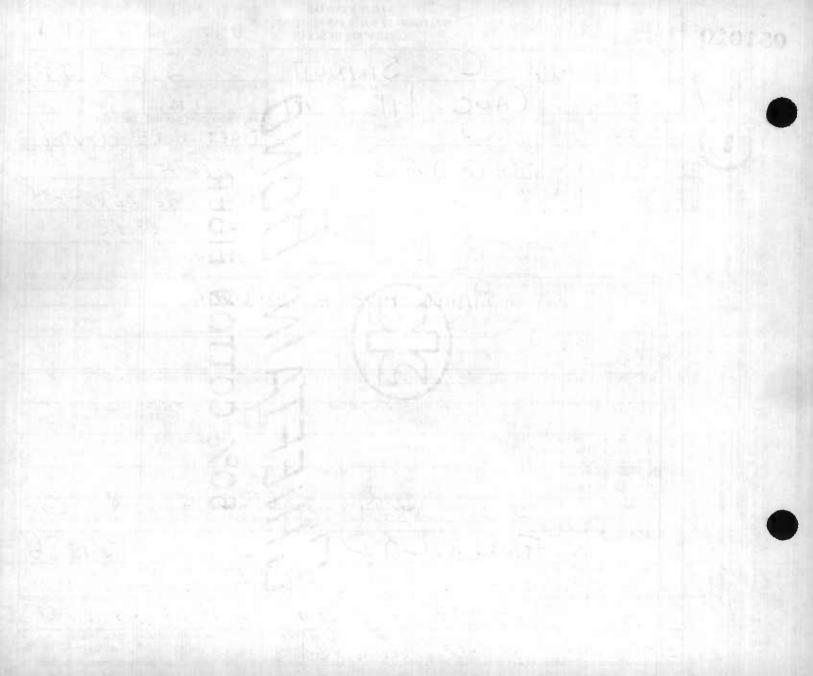
1.	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	O REG. N	0.	2 2	1 1
	CEASED NAME FIRST	A (		5	INNOTT		2 15	88	2150 M
1.5€	F	PACAU	C	5. DATE C	S 677	6. AGE   IN YEARS LAST BIR	X YRS MONT		IF UNDER 24 HRS HOURS MIN.
5	RTHPLACE LIATE OR FOREIGN	76 CITIZEN OF W	A.	WIDOWE		DACTIN	DRE(	OUM	UT / MO.
7	OCUSON	STEU	FACILITY, GIVE STREET A	PESSI	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	F WORKING LIFE)		F BUSINESS OR
Pile.	AL RESIDENCE (IF NURSING HOME OR	LTO.CO.	31. PITY OR IOWN		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE OCKLIFE	LRD	,21234
	ATHER'S NAME WILLIAM	MIDDLE	RENOU	)5	AENRY	ETTA MIDDLE	EYL	ERLAST	
	WAS DECEASED EVER IN U.S. AR (YES NO OR LINKNOWN) (IF YES, GIV	MED FORCES?	66 SOCIAL SECUR	635	17 INFORMANT FAMILY	RECORD S			
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)	nly ane cause per la ED BY, TE CAUSE to)	esfar tal, (b), and	m(	ioma JA	ROMA		APPROXI/ BETWEEN C	MATE INTERVAL ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	as a consequen						
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I	)
CERTIFICATION	19a DATE OF OPERATION	196. CONDITI	ON FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
CAL CE	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M	MONTH DAY	YEAR	71c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MED	71d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STREE	F INJURY T. FACTORY, OFFICE, FAR	RM ETC)	711. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (1) (this haspi saw the deceased glive an above, (1) (west did) (did no		(m)		nd that in (my) (bur) pinian	death accurred on the d	19_ ate and haur an	d fram the a	
	276. SIGNATURE	Faul	corer			MEDICAL STA	IAN	2.1	286
	Kendall R. F		M.D.		2300 Dulaney	la Maris Ho Valley Rd.		on, MI	21204
	BURIAL, CREMATION, REMOVAL	FEB 1	9,1984 PA	AME OF C	EMETERY OR CREMATORY	PATERDAY L	LE BAC	00 00	. mil
24 F	UNERAL DIRECTOR WATES CHAPEL OF	FMEMO	TIE SOORES OF	RKVI	CEURD A) 250 DAT	EREC'D. BY REGISTRAR	756 REGISTRAR	S SIGNATU	JRE MANUELLE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attention pulped should be detached for use as the burial-stransit permit. Then plans termine certain polywith the Store Dept. of Health and Mental Hygiene prior to burial certain are reserved. IMPORTANT: If them 21 is marked or term 18 shows any miury, or other traumatic event, the

retained by the haspital or attending physician.

BP.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N	0.			
1. DECEASED NAME	FIRST	A	AIDDLE	1	LAST	DUA ELA	20 DATE OF DEATH	MONTH	DAY YEAR	2 <b>b</b> HC	OUR
(TIPE OR PRINT)	Charlot	tte	G.	St	mith		February	28.	1986		M
3 SEX		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIE		MONTHS DATE		DER 24 HRS
Female		White		10	19	1927	58	YRS	MONTHS	HOURS	MIN.
M BIRTHPLACE (STA	TE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED			9 BALTIMORE CITY	R COUNT	Y OF DEATH		
Maryland		U.S.A.		WIDOWE	_	NORCED XX	Baltimore	Coun	itv		MD.
ID CITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUPATION 12b. KIND OF BUSINESS				
Dundalk			iberty Pa				Own Home	or WORKING	(III) IIADOSTK		
USUAL RESIDENCE (1	NURSING HOME OR		GIVE RESIDENCE BEFORE		A 124 INICIDE	CITY LIMITS?	13e STREET ADDRESS	/ 719 COI	NE .		
Maryland		timore	Dundalk		YES [	NO X	3469 Libe				2122
FATHER'S NAME	1				15 MOTHER	S MAIDEN NAM	ME				
Walter		M.	Downs			Gresham	MIDDLE C.		Clif	et.	
60 WAS DECEASED			166 SOCIAL SECUI	RITY NO.	17 INFORM	ANT	ADDR	ESS 910	5 Cross		1 Roa
NO OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)	220-20-3	3381	Linda	a C. Wal	lter		to., MI		21234
	DEATH (Enter or	tu and cause par	line for iai, (b , one					- 0.2		XIMATE IN	
PART I. DEA	TH WAS CAUSE	D BY:	m4 this	TAT	11 11	ing Ci	2.160				
19a DATE OF O	PERAT ON	196 CONDITION FOR WHICH OPE			N WAS PERF	DRMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES NO YES NO NO				ATH?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21c HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJU				
21d INJURY OC	CURRED	21e. PLACE			211 LOCAT		CITY OR TO	)WN	COUNTY		STATE
AALLIEE D	AT WORK	TAT TOME STA	LET, THE TOKE, OFFICE TO	MKM, ETC. J			,		0/		
sow the de	ceosed olive on	0 7/5	e deceosed from	86.0	nd that in my		to 2	ote and ha		-	(we) lost stoted
	obove, (I) (we) (did) (did not yew the body after death.  22b. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										-26
22d. PHYSICIAN	I'S NAME TYPE	OR PRINT)	2,0.7		22e ADDRE		DIRECTOR D PAYSI	IAIN []		<i>87</i> -0	~0
23a BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY		STATE
Cremation		3/3/19		estvi	ew		Baltimor	e	COOMIT	Mary	vland
24 FUNERAL DIRECTO	Duda-		C.	1-111-1			E REC'D. BY REGISTRAR	25h_REGIS		ATURE	-
NAME	Duud-1	MUCK, III	ADDRESS		2 010	MA	R 4 1006	A. ta.	Toisidan	But	- 04

DHMH - 16 60M 7/8 (VRA 15, 4)

7922 Wise Avenue

Dundalk, Maryland

21222

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR

Druid Ridge Cem. Eckhardt Funeral Chared DATE REC D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Owings Mills, Md.

26 HOUR

32

IF UNDER 24 HRS

21153

IF UNDER I YEAR

12b. KIND OF BUSINESS OR

YPE OF WORK FOR MOST OF WORKING LIFE)
Housewife INDUSTRY

> Shealey 2025 REOld Valley Rd.

Stevenson, Md. 21153

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

STATE OF MARYLAND

COUNTY

and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED

STATE

23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Feb. 15,

Pikesville

Self-Marginett Conference of programme and the contract of the second service of the contract of the contract

EBRIG .DE VOLLOV BIO 2305 E

T. Loro, W. Manwark - 471 Torol .T

Suriel Job. 15, 1986 South Light Co. Pikesville Britings St. Carrier Mills. No. - 11 I Bill No. 12 Mills Control

06	5089	1-	FOR 18- STATE REGISTRAR	-22a 3/21			STATE OF ENT OF HEAL X AMINER'S		ENTAL HY	6.0	.0	3	9 1	
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			E OR PRINT)	reco				LASI		2a. DATI	E KNOWN ESTI-	MONTH	DAY YEAR	26 HOUR
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	40 E SE	3 SEX		4. RACE	S. DATE OF BIRTH	6	AGE (IN YEARS IF		IF UNDER 2	4 HRS. 2c DA	TE	HINOM	DAY YEAR	2d HOUR
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	8400E						i Ku,			DE		2	27 19 86	a M
	SA FESTO		RTHPLACE (ST		76 CITIZEN OF WH	AT COUNTR	8. MAI	RIEDNA NE	VER MARRIEI	9 BALT	IMORE CITY	OR COUN	TY OF DEATH	
	A S S S S S S S S S S S S S S S S S S S	]	Mary Tan	d	USA			WED	DIVORCE		timore	Cour	2+17	
	IS NECESSARY, PLEASE FUNRRAL DIRECTOR. E. S. FOR YOUR FILES. ED, WITHIN 72 HOURS ON PRESTON STREET,	10. CI	TY OR TOWN	OF DEATH	WIDOWED   DIVORCED   Baltimore Co							YPE OF WORK	176 KIND OF B	MD
1	こうじゅう				(IF NOT IN SUCH FAC	ILITY, GIVE STRE	ET ADDRESS)			FOR MOST OF W			Chemica	TRY
	SOF A STORY		Essex			142 Wilt:shire Road ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)							Chemica	T CO.
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0/	E 2 3 3 3		aryland		ILIMOTE	Ess	ex		ER'S MAIDEN	142 Wil	Eshire	- Koac	1 21221	
3	SSI, 2. SPM 33	14.17	FIRST		MIDDLE	LA	ST	IS. MOTH	FIRST	NAME	MIDDLE		LAST	
MI OC	CENT PESS		G	len		Smi	th	Aud	lrev		C.		Fox	
8	A A COLOR	16a V	VAS DECEASED	EVER IN U.S. AR			AL SECURITY NO.	17. INFOR	MANT		ADDRES	00		
BALTIMORE	OURS AFTER DE 118. GIVE PAGE G WITH FORM MIT. PAGES-FORM	IV	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	219-	-50-7219	Glen	Smith	139 Ha	mpshir	re Roa	ad 21221	
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3			18 CAUSE OF	F DEATH (Enter ar ATH WAS CAUSE	nly ane cause per line								BETWEEN ONS	SET AND DEATH
PRESTON ST	A ENERGY H		PARTIDE		TE CAUSE (o)	Co	caine in	toxica	tion					
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0.	RAME		gove rise to immediate (b)											
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DIVISION OF VITAL RECORDS, 201 W.	ULD BE EXECUTED WITHIN 24 HOW PENDING" IN PENCIL IN ITEM 1 F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMINEL HALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.				( (c)								100	
DS.	AABAEA		PART 2 OTHER SIG	SHIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED	O TO THE TERMINAL DIS	ASE OR CONDITIO	ON GIVEN IN PART	1 (0)			7-17-11	
Ö	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
E C	BANA A P	CERTIFICATION	19a, DATE OF	OPERATION	TIAL CONDIT	ION FOR W	HICH OPERATION	WAS DEDECT	244502				les auxone	V.0
7	HIS CERTIFICATE SHOULD WRITING THE WORD, "PER ARDED TO THE CHIEF AN ACE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 1201 PRIOR TO BURIAL, C	5	ITU. DATE OF	OFERATION	178 CONDIT	IOIA FOR W	HICH OFERATION	WASPERFOR	(MED?				20 AUTOPS	4.5
É	XX2557	1 1											YES X	NO 🗌
4	HARBEN I	1 8		L CAUSE WAS	21b. TIME OF HOUR A.M.		210	HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 1	18 PART I OR PA	ART 2)	
Z	OH DEED		UNDERLYING	OR OR CAUSE OF		0100	00 1	ngeste	d coca	ine				
S S	SH PAPA	MEDICAL	21d INJURY C		21e PLACE C			OCATION	a coca	1116				
≥	E DE SE	¥				ORY, FARM, ETC.	)	STREET		CITY OR	TOWN	CC	DUNTY	STATE
D	E, WRITER WARD SWARD STATE (		AT WORK	NOT WHILE }	no ho	ome	14	2 Wilts	shire :	Rd., Es	sex, B	alto.	, Md.	
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	MA COLL				VV	/ 5						1	pinion	
	MEROTES.		death results	from Notu	rol come	Accident L	, Suicide L	Homi	tide	Undetermined	manner XX			
	A K B C F K		/	1/2.	1000	n. b	1 11		SPECIFY)				100	
	THOME -		SIGNATURE	Mul	WA IX	my .	n Much	MD Assi	istant	MEDICAL EX	AMINER	DATE	ED 2/27/	86
	SE S	1	WELLY GET WIFE			//						0.01		
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S I	NAME De	nnis F. Sr	wth.	M.D.	ADDRESS	111 1	Penn St.	Balt	to.MD.		
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BARTIMORE, MARYLAND, 2	22 0		1										
	1 7	/30.B	PECIFY) RITT	ion removal	3/3/86	Ro. NA	ME OF CEMETERY	CR CREMATO	ORY	Belair	4	Harfol	ord Mary	Mand .
07/84	BP /				3/3/00	De.	rair Hemo							Land
25M	DHMH - 17		UNERAL DIREC		ADDRESS.					C'D. BY REGIST				
	(VR A15 ME (5))	(	Connell	y Funera	1 Home 300	Mace	Ave 2122	1	MAR	4 1986	June	hundage	n-Mandels	(A)

STATE OF MARYLAND

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	SSPITAL OR ATTENDING PHYSICIAN: The load by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending the constitution of be detached for use as the buriol-transit permit. Then please remove consortions has state Deat, of Health and Mental Hygiene prior to buriol, cremation, or
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eosth COV		CEASED NAME FIRST OR PRINT) MINNIE	MADEL INE	Sn	11th	20 DATE OF DEATH	2 15	YEAR 86	3 50 AM
r, po	3. SE		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF UN	NDER I YEAR	IF UNDER 24 HRS
rs of	1	FEMALE	BLACK	2	24 1927	58	YRS.		NOOKS MIN.
To die		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
e CE		ARYLAND	U. S. A.	WIDOWE		BALTIMORE			MD.
offine with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET OF THE PROPERTY OF THE PROP	ADDRESS	onsville. Md.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Claims Auth	F WORKING LIFE)		BUSINESS OR
be in b			OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		13e STREET ADDRESS			
filled nould		ARYLAND 136 COUN	136. CITY OR TOW BALTIM		YES NO	Catonsville			
with	14 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
b dample		Samuel	Moore		Roberta			Swann	
d co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	JRITY NO.	17 INFORMANT	APORE	fincoln	Avenue	е
9 # 4	- '	Yes WW		7514	Hawthorne Smi				
a 6 4 5 4		18 CAUSE OF DEATH (Enter on	ily ane cause per line for lat, (b), or					BETWEEN OF	NATE INTERVAL NSET AND DEATH
世 主きし		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (a) RESP	M(21)	y bulun			Imel	cocurto
e attendi move cor notion, or troumotit		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQU	36	mez Mive	d. 121 open	the	24	n
that the same of the same representations of the same repr	H	cause (a), stating the underlying cause last	DUE TO, OR AS ATCONSEOU	TU()	Ne zud rest	retion lung	duspugo	24	n
requires en signed Then pli in jury, o	NOI	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ita	
he low on. hos bee it permit iene prici	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WI IN CERTIFYING YES	ERE FINDING G CAUSES (	GS USED OF DEATH? NO
CLAN: T g physics ertificate iol-fronsi ntol Hygi em 18 sh	100	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART )	OR PART 2)	
phys ending e bur id Me	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		21f LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
off of the street of the stree	~	AT WORK AT WORK		10-		100		a	
or Use of Heal		sow the deceased alive on	tal) attended the deceased from	87 , or	d that in (my) (our) opinion o	death occurred on the de	ote and hour and	d from the co	not (H-(we) last
hosp hosp RECT ed fr em 2	3	22b. SIGNATURE/	t) view the body after death.		DEGREE			22c. DATE S	
AL OF the I AL DIF Jeroch Jeroch T: If It		Marle	Hayla m)		ATTENDING	MEDICAL STAP	F IAN	1	15-86
TO HOSPITAL retoined by it TO FUNERAL should be detined with the Store IMPORTANT:		22d PHYSICIAN'S NAME (TYPE O	C. Tzyla- m	4)	220 ADDRESS 2 Knoll Plant	undry C	eleuch	z mis)	21045
5 £ £ # 3 <b>3 4</b>		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial			Forest Veter		Baltimo	re, Ma	aryland
DHMH - 16 60M 7/84	24. N	WELLE WOSONS FU	neral Home, Inc.		25a DAU	REC'D. BY REGISTRAR	25b. REGISTRAR	SSIGNATU	Stydelle
(VRA 15, 4)			Pkwy. Baltimore		21216	824 1986			

STATE OF MARYLAND

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00,000		REGISTRAR					ICATE OF I			G. NO.			
n.e		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST		20 DATE OF DEA	1	DAY	YEAR	2b. HOUR
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10 8 41	3. SE	(	4	RACE		5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS	ER TYEAR DAYS	IF UNDER 24 HRS
6 4 4 4 4 V	/	FEMALE		CAUCA	SIAN	1	28	1906	80	YR	S.		
8 43 QL	7a. B	RTHPLACE (STATE OR	FOREIGN 71	b. CITIZEN OF	WHAT COUNTRY	? 8.	□ NEVER	MARRIED 🗆	9. BALTIMORE CI	TY OR COUN	NTY OF D	EATH	
	H	OWARD CTY.	,MD.	USA		WIDOWE		NORCED	BALTI	MORE (	COUNT	Y	MD
1 11 4/	200	TY OR TOWN OF DE	4	11. NAME OF HOSPITAL, NURSING HOME					120. USUAL OCCUPATION 126. KIND OF BUSINE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
8 1 11 /18				RIDGEWAY MANOR NURSING HOME  ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				UNKNOW	4		0	1812000	
NO 2 19 39	13a. S	RYLAND	13b COUNT	VARD	13c CITY OR TO		13d. INSIDE (	NO X	3224 ST.		'S LA	NE	093
1 1 10	N FA	THER'S NAME		(DDIE	LAST		15. MOTHER	S MAIDEN NAM		N.E.			
3 1 11/10/	V	JOHN	M:	DDLE	BARNE	S		HELEN	MID	)(E		LAS	
# 1 17 1 10		VAS DECEASED EVER			166 SOCIAL SEC		17. INFORMA		A	DDRESS	21	794	
W 100 11		KNOWN	(IF YES, GIVE	WAR OR DATES)	578-05-	7350	Mrs Le	eona Cop	e P.O. B	ox 67	West	Frie	endship
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N POST		130000	MANTEDIATE		OR AS A CONSEQU	IENICE OF			4 .				
STO		Canditians, if any	, which	( (b)	T AS A CONSEGN	ENE	1441	201)/	DIERIC	scae	8208r.	\$ 1	5 yrs
M a a a a a a a a a a a a a a a a a a a		gave rise to im	mediate	DUETO	OR AS A CONSEQU	IENCE OF				170			
W to the to		underlying cause		(10)	)	DEINCE OF							
A 20 20 20 20 20 20 20 20 20 20 20 20 20	2	PART 2 OTHER SIG	NIFICANT CO		ONTRIBUTING TO	DEATH BUT	NOT RELATED	D TO THE TERMI	NAL DISEASE OR	CONDITION	GIVEN IN	PART 110	a ·
8 11 1	5			Line contra	NE CONTRACTOR NAMES			20.450	D 200 AUTOPSY? 206 IF YES, WERE FINDINGS				
9 9 9 9	S.	19a DATE OF OPERA	TION	196. CON	DITION FOR WHIC	H OPERATIO	N WAS PERFO	DKWED	20a AUTOPSY?	IN CE	RTIFYING	CAUSES	OF DEATH?
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\$ \$4 9 9 £ 100	0	210. ACCIDENT WAS UN			OF INJURY	DAY YEAR	ZIC HOW IN	AJUKA OCCURKI	ED (ENTER NATURE O	F INJURY IN ITEM	18 PART I O	R PART 2}	
O 2 2 2 2 2 3 4 7	2	LIFEITHER NOTIFY MED	ICAL EXAMINER)	F	P.M.	19		-	v	1			
OS 24 44 5 5	MA .	21d. INJURY OCCUR			OF INJURY TREET, FACTORY, OFFICE	FARM, ETC.)	211. LOCATI		CITY	ORTOWN	C	YTHUC	STATE
NO ST		AT WORK AT WO	DRK D			- 1				-		,	
Z = 8 5 5 5		22a I certify that (I		al) attended t	he deceased fram	86	5	19 4	_, 10	7	. 19_\$	<u>b</u>	that (I) (we) last
A Property		saw the decease abaye, (1) (we) (		view the bad	y after death.			) (aur) apinian d	eath accurred an i	he date and			
A DA		726. SIGNATURE		1110	2		DEGREE	ATTENDING	MEDICAL	STAFF	2	2c. DATE	SIGNED
A P A P E	1	COV	man	MIX	con	- I		PHYSICIAN X	DIRECTOR PH	YSICIAN [		11	20/86
TO FUNE should be with the S		VORA	1 AND OF	PRINT)	Um	BN	380		HONDSO	NK	LVE.	- 7	21229
5 5 5 4 3 3		BURIAL, CREMATION	REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION				
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	24 F	JNERAL DIRECTOR.	nanaye II					25a. DATE	REC'D. BY REGIS				disdalle
DHMH - 16 50M 4/82 (VRA 15, 4)	Tr	4112 01	d Colu	mbia P	ike EIII	ottune	eral Ho	ome FE	B24 198	36 gum	PANTO	Most - N	
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os os	1 28 1906	CAUCASTA,	FUALE	
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69.47.14	NUPSING HOVE (NE	RIDGWAY MANO	CATONSVILLE	
ST. JOH'S LAS	X 3224	(19A)/	MARYLAND HO	
MATERIAL STATES	HELLEN	- 8AP	470	
A Log of West Price Pain to	7350 Hrs Laona Cope P.	578-05-	FINISHCHOM	
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	gu ani			
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STATE OF MARYLAND

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STATE OF MARYLAND - STATE 062052 REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWN 26 HOUR CTYPE CHIPRING OF ESTI-DEATH MATED DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X WIDOWED DIVORCED County A No KIND OF BUSINESS OR INDUSTRY II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK Upholster ochran IN STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS eminary Ave. -2109 15. MOTHER'S MAIDEN NAME FATHER'S NAME Edward G. Snowden Helen M. Smith 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Seminary Ave. (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Lutherville Nd. -211 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 14 INJURY OCCURRED III. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) 278. I certify that Ltaok charge of the remains described above, held on and in my opinion Accident Undetermined manner GUERI 23a BURIAL CREMATION REMOVAL 23b DATE 23d. LOCATION COUNTY STATE 07/Bit 25M 24 FUNERAL DIRECTOR **DHMH** - 17 Miller Inc. -6415 Belair (VR A15 ME (5))

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ALM CHINEL . IS

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1 5 5 9 3 J. H.

Car Back And Andrew and the same of the same of TOTAL NOTE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STARE 051059 MEDICAL EXAMINER'S CERTIFICATE REGISTRAR 20 DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-Kay Frances Snyder 14 1986 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. JE UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 2:30 Female White 28 DEAD 14 1986 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY) Tennessee U.S.A. DIVORCED WIDOWED Baltimore County D. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Wire-Person Vestinghouse Relav 1800 Blk.Clark Blvd 13b. COUNTY la. STATE 13d. INSIDE CITY HARTS? 13e STREET ADDRESS 21227 Baltimore 1843 Clark Blvd Maryland Baltimore NO 50 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Edward Johnson Bonnie М. ====== 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 215-40-8358 William L. Snyder DIVISH Same as 13e EXAMINER ALONG WI HAL - TRANSIT PERMIT I O MENTAL HYGIENE, DI ON, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt trauma to head IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CORTIFICATE, WRITING THE WORD "PRESE A SHOULD BE FORWARDED TO THE CHIEF A TIME OF UNKEAL DIRECTOR: PAGE 3 SHOULD BE USED. A FIER DEATH, WITH THE STATE DEPARTMENT OF HE BATIMORE, MARYLAND, 21201 PRIGR TO BURIAL, I 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED PENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR
CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR subject assaulted 14 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN AT WORK AT WORK 1800 Blk. Clark Blvd. Relay, Balto.MD. street 220 I certify that?) took charge of the remains described above, held on Autapsy Inspection Inquiry and in my apinion Hamicide XX Natural causes Undetermined manner TITLE (SPECIFY) DATE SIGNED 2/15/86 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Entombment 2/19/86 Meadowridge Mem Park Baltimore Howard Md 07/84 25M 24 FUNERAL DIRECTOR So. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 George J. Gonce 4001 Titchie Hgwy Balto Md Sichia Davidson (VR A15 ME (5))

STATE OF MARYLAND

to and a state of the state of Clean and Thingain Taylor Land Callie The state of the s

1		500	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE (2)								
53084		FOR STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 0 REG. NO		3 9	2. 2.		
e 64 P		OR PRINT		S	PIEGEL		MONTH DAY		h HOUR		
y god	3 SE	ISG DO A	4 RACE		DE BIRTH 1912	& AGE (IN YEARS LAST BIRT			FUNDER 24 HRS		
cto s o	1	male	white	06	- 12-1XXXX	73	YRS		OURS MIN.		
1286		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	100				
MA	-	POLAND ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NI	JRSING HOME C	DROTHER INSTITUTION	BALTIMO	ON	12b. KIND OF E	MI BUSINESS OF		
190	R	ANDALLSTOWN	BALTIMORE COL		. HOSP.	PAINTER		CITY O	F BALT		
1 1/2 26	11000	RESIDENCE (IF NURSING HOME OR ATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	130 INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE				
1 14	-	MARYLAND THER'S NAME	BALT	IMORE	YES XX NO	6943 GLEN	HEIGHTS	S RD. #	21215		
1 1300			SPIEGEL		FIRST	UNKNOWN		LAST			
age:			E WAR OR DATES	SECURITY NO.		ESTATE OF TS					
be o be o	_	NO  18 CAUSE OF DEATH (Enter on PART ), DEATH WAS CAUSE)		2-7207	J.ROBERT HA	INES 814 EAS 21221	TERN BL		ITE 2		
quires that the death ceisigned by the attending then please remove corbs to burial, cremation, or ralially, or other traumotic is	NO	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONS	EQUENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 110			
hos been permit. I be no prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WIN CERTIFYIN	ERE FINDING	S USED F DEATH?		
CIAN. The physician physic		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	IV IN ITEM 18 PART	OR PART 2)			
IG PHYSI offending fer this ce s the burn ond Mer	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OF		211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE		
spital or spital or CTOR: Af for use o of Health		220.1 certify that (1) (this haspit sow the deceased alive an above, (1) (we) (did) (did no			d that in (my) (gur) opinion	, 10		SC, the			
SPITAL ON A d by the hounder NERAL DIREC be detached e State Dept TANT: If them		226. SIGNATURE  PLEST PARE (TYPE O	weens n	0	ATTENDING PHYSICIAN 1 22e ADDRESS	MEDICAL STAP DIRECTOR PHYSIC	F IAN	220. DATE SIG			
retoined b		Allan J-Ch			Ball Cour		1 400	2	11 11		
BP		BURIAL CREMATION, REMOVAL BURIAL	FEB. 27,1986	FORBA		23d LOCATION CITY OF TOWN ROSEDAL	E	BALTO.	STATE MD		
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME REISTERSTO	ADDI	RESS	1215 250 DA	B 28 1986		R'S.SIGNATUR	E LANCE		

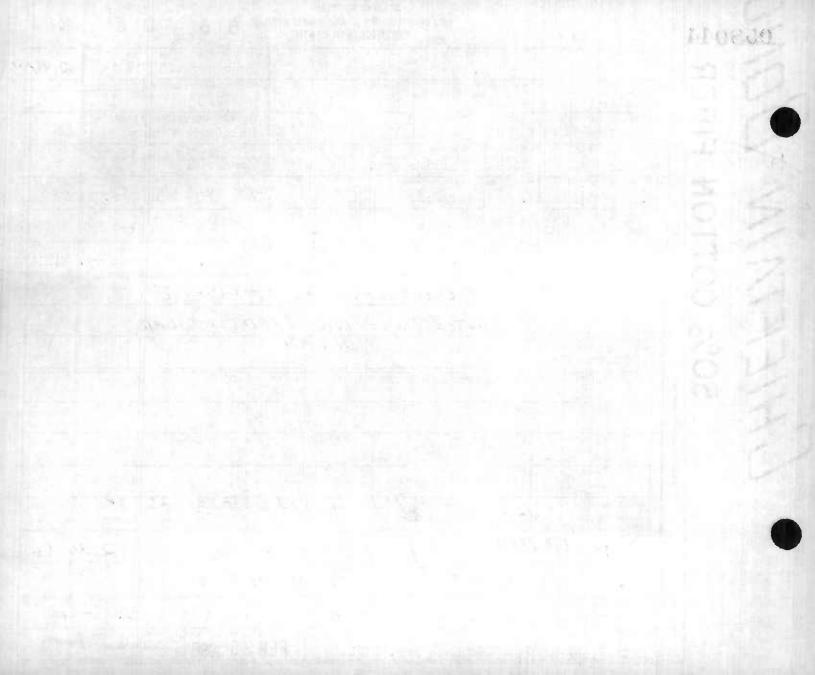
## STATE OF MARYLAND

058	044	1	FOR - STATE REGISTRAR		DEPARTN	AENT OF H	F HEALTH AND MENTAL HYGIENE 8 6 0 3 9 2 3						
			ECEASED NAME FIRST	V-EX	MIDDLE	1	AST			DAY YEAR	26 HOUR		
nay be page 3 or death	Ros		Rose	S.		S	taab	February	23	1986	2,45 PM		
mor in po		3 SI	X	4. RACE	White 76 CITIZEN OF WHAT COUNTRY? USA		DAY DAY YEAR	6 AGE IN YEARS LAST BIRT	HDAY)	FUNDER I YEAR IF UNDER 24 HRS			
ige 4			Female				8 DAY 1914 FEAR	71					
A ZZ	35	Per	BIRTHPLACE (STATE OF FOREIGN COUNTRY)  Maryland				DI NEVER MARRIED DIVORCED	Baltimore County of DEATH  Baltimore County					
by the filed will	Rosedale			7408	Brightsid	e Ave	OR OTHER INSTITUTION	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWITE					
hin 24 havrily filled in should be f	35	13a	JAL RESIDENCE (IF NURSING HOL STATE 136 C Md. B	ME OR OTHER INSTITUTION OUNTY alto.	MIDDLE LAST		13d INSIDE CITY LIMITS?	7408 Brightside Ave. 21237					
ed within impletely and 2 sh	0.30	D. F	Henry	J <sup>MIDDLE</sup>			15. MOTHER'S MAIDEN NAM	WE	unk LAST				
xecut	ledicol		WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		7.1	0.01/		
S. Poor	Be		no		215-01-2	788	Richard Staa	b 3218 E. N	orthe		MATE INTERVAL ONSET AND DEATH		
quires that the delinations is signed by the all the preservence.	ta burial, crematian, ar re njury, ar ather traumatic e	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, O	r as a conseque	NCE OF	EROTIC CA. DISEASE  NOT RELATED TO THE TERM			EN IN PART 1	o		
he low re on. hos beer t permit	ows ony		190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO					
HYSICIAN. I nding physic his certificate burial-transi	or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF MOTHER MEDICAL EXAM	MINER) HOUR A.	M. MONTH DA M. OFINJURY	19	211 LOCATION	CITY OR TO	1	ART L OR PART 2}	STATE		
offer the	rked	WE	WHILE NOT WHILE	] [AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC )	SIREE	CHIOKIO	Wie	COUNTY	STATE		
ATTENDIN spital or CTOR Af	. of Healt n 21 is mo		220.1 certify that (1) (this h sow the deceased aliv above, (1) (we) (did) (di	nospital) ettended the	27 19 B		nd that in (my) (our) opinion o	, to death accurred on the do			that (1) (we) last couses stated		
TAL OR by the har RAL DIRE	NT: If her		274 SIGNATURE OF	naua	uj C	Y		MEDICAL STAF	F IAN []	220 DATE	SIGNED 24-86		
TO HOSPI retained b TO FUNE should be	MPORTAN		Dr. Teodul	o Paglina			8552 Philade						
BP			BURIAL, CREMATION, REMO (SPECIFY) Burial	23b DATE 2/26			emetery or crematory of Faith	Rossville					
		24 F	UNERAL DIRECTOR		250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNA								

DHMH - 16 60M 7/84 (VRA 15, 4)

300 Mace Ave. 21221 Connelly Funeral Home

FEB 2 5 1986



055126			1	FOR STATE REGISTRAR		Total like	ARTMENT OF F	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8 C	, NO.	3 9	2 4		
2 2	#6	1		DECEASED NAME FIRST [TYPE OR PRINT]		STARK			20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 12:45					
ge 4 may ector, pag	of after de	0	3. SE)	FEMALE	4. RACE	WHITE	5. DATE O	27 1891 YEAR	6. AGE (IN YEARS LAS	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.		
in Green Fo	Ahn 72 hou	74	O.	RTHPLACE (STATE OR FOUNTRY)  regon  IY OR TOWN OF DEA	TH 11, NAM	U.S.A.  E OF HOSPITAL, NI	MARRIE WIDOWI	D NEVER MARRIED X	I DALTIMODE CO					
(1)		26	USUA	OWSON	NG HOME OR OTHER INSTI	GBMC			Teacher	•	School			
7	Series of the se	33	Ma	ryland THER'S NAME	Baltimo:	TIME CHITCH	ZX	YES NO []  15. MOTHER'S MAIDEN NA	300 W.	Semina Semina	ary A	Je.		
ed with	Ond 2	30		Jacob	Milto		1	Fannie	$\mathbf{F}_{ullet}^{MIDDL}$	. B]	Lanker			
e execut	oges 1	nedicol		AS DECEASED EVER	N U.S. ARMED FORG	JESI	SECURITY NO. 3-29 71 A	Nancy S.		DRESS OB Rola	2120 andvue			
quires that the death certific signed by the attending phythe please remove corbang	rem	IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other froumatic eve	NO	Conditions, if any, gove rise to imm cause (a), statin- underlying couse	which sediote g the lost DUE	TO, OR AS A CONS	SEQUENCE OF	INTRACRANEA	L BLEEDING		EN IN PART 1	(0)		
ne low re an. hos beer	real Directions are inscentione nos edetoched for use as the buriol-tronsit per siste Dept. of Health and Mental Hygiener		CERTIFICATION	19a DATE OF OPERAT	ION 196 C	ONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDS YING CAUSES	INGS USED S OF DEATH?		
IOSPITAL OR ATTENDING PHYSICIAN; The ned by the hospital or attenting physicial by the hospital After this certificate.			MEDICAL CERT	21a. ACCIDENT WAS UND OR CONTRIBUTING OF CONTR	AUSE OF DEATH AL EXAMINER)  ED  (ILE   (AT HO)  (Ithis hospital) attended dolive an ind) (did not) well the	IME OF INJURY JR A.M. MONTH P.M. LACE OF INJURY OME STREET FACTORY. O  led the deceased f  cody after death	19  IFFICE, FARM ETC)  I OM  19  86  , O	211. LOCATION STREET  211. LOCATION STREET  212. ADDRESS  213. ATTENDING PHYSICIAN  222. ADDRESS  ATTENDING PHYSICIAN	CITY O  , to 2/1/ death occurred on th	R TOWN  e date and hour	COUNTY	STATE , that (I) (we) last		
TO H	should be			URIAL, CREMATION,	REMOVAL 236 DA	TE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	nore	COUNTY	MA <sup>STATE</sup>		

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ROBERT RECOR ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

DHMH - 16 60M 7/B4 (VRA 15, 4)

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FOR

REGISTRAR

- STATE

057163

COUNTY STATE , and that in (my) (our) opinion death occurred on the date and have and from the causes stated 27: DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN LESTER 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION Md . STATE COUNTY Burial Balto. Md. 2-17-1986 Most Holy Redeemer 24 FUNERAL DIRECTOR F. Lassahn, 11750 Belair Rd. Kingsville, Md. 2108 LB

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Mos

Balco Corp.

INDUSTRY

YES

Benda

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

						11001		40	Eliter .	_	
1. DECEASED NAME FIRST		٨	AIDDLE	L/	AST	20 DATE OF DEATH	MONIH [	DAY YEAR	26 HOUR		
- OK PRINT	HELEN	F.		STE	VENSON	February	86 M				
1 SEX 4 RACE					F BIRTH	6. AGE (IN YEARS LAST BIR	FUNDER 1 YEAR IF UNDER 24 HRS				
Female  7a DIRTHPLACE (STATE OR FOREIGN COUNTRY)		White 76. CITIZEN OF WHAT COUNTRY?		June 7, 1893		92	MONINS BATS	ONTHS DATS HOURS MIN.			
						9 BALTIMORE CITY OR COUNTY OF DEATH					
Maryland		U.S.A.		WIDOWED TO DIVORCED		Baltimore County Mr				MD	
	OWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 5920 Franklin		G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake	126 KIND OF BUSINESS OR				
SUAL RESIDENCE (IF NURSING HOME OR OTHER INS 30 STATE 136 COUNTY  Maryland Baltimore			13c. CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / ZIP CODE 5920 Franklin Ave.			t.2A-2	21:	
4 FATHER'S	NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS			
John		Caswell				Middle		Unknown			
	CEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			_	
NO NO O	R UNKNOWN) (IF YES, GI	VE WAR OR DATES)	214-30-6	970	Helen M. F	Reighter- Sa	me as	#13e			
	USE OF DEATH (Enter a RT I. DEATH WAS CAUSI IMMEDIA		Q.t.	-	Tind ble	edua		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEA	TH	
	tions, if any, which		ASA CONSEQUE	OCE OF	3 Diseas						
cause	(a), stating the lying cause last.	DUE TO, OF	AS A CONSEQUE	NCE OF						H	
PART 2	OTHER SIGNIFICANT	CONDITIONS CC	UNTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONGIV	EN IN PART 110			
3 190 DA	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED							YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?			

FOR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY

saw the deceased alive an abave, (1) (we) (did) (did not) view the body offer death

Stanley R. Steinback, M.D.

236. DATE

ACCIDENT WAS UNDERLYING

AT WORK

274 PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

AT HOME, STREET FACTORY, OFFICE FARM, ETC ) 22a I certify that (1) (this hospital) attended the deceased fram

216. TIME OF INJURY

and that in (my) (aur) opinian death occurred on the date and hour and from the causes stated

22e ADDRESS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

211 LOCATION

STREET

ATTENDING MEDICAL DIRECTOR PHYSICIAN

22c. DATE SIGNED

YES [

COUNTY

11 Slade Ave. 23d LOCATION

COUNTY

Md.

NO [

STATE

New Cathedral Burial 2-8-86 24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Balto.

CITY OR TOWN

NOF

CITY OR TOWN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

1050 York Rd. 250 DATE OF BY REGISTRAR 256 REGISTRAR'S SIGNATURE a Dividen Rand

## FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.	8	6 REG. NO.	0	3	9	2	1
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	1	REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	0 0	7 4 1
1		CEASED NAME	FIRST		MIDDLE		AST		EATH MONTH	DAY YEAR	2b. HOUR
0		Mr.	Jas		ng Steve				bruary 26	1986	M
	3 SEX			4 RACE Caucasia	an	5. DATE C	ary 18 1906	6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAY	
5	Ma Ma	RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI		0	CITY OR COUN	ITY OF DEATH	nty MD.
1	10 CT	TY OR TOWN OF DEA	ATH	11. NAME OF			D DIVORCED DIVORCED DIVORCED DIVORCED	120 USUAL OC	128 USUAL OCCUPATION 12b. KIND OF LYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
5	13a S <b>Ma</b>	AL RESIDENCE (# NURS TATE ryland	Balti		GIVE RESIDENCE BEFORE	N	13d. INSIDE CITY LIMITS?	13e SIREET AD 3615 Hi	DRESS / ZIP CO	DDE	21207
		THER'S NAME FIRST Steven	son	WIDDIE	LAST		15 MOTHER'S MAIDEN NA Unknown King		MIDDLE		LAST
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 MasmaMable St	evenson	ADDRESS		21207
	no	ES, NO OR DINKNOWN	(17 123, 01)	E WAR OR DATES!	216-03-20	067	3615 Hilmar R	load	Baltim	ore	Maryland
	NO	gove rise to improve couse (a), statin underlying couse	g the last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE (	DR CONDITION C	GIVEN IN PART	lto
4	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES T	IN CER	YES, WERE FINE TIFYING CAUS YES [7]	DINGS USED ES OF DEATH?
1	MEDICAL CER	23g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIT 21d INJURY OCCURE	CAL EXAMINER	P.	m. month da m.	YEAR	21c. HOW INJURY OCCURE				
	ME	WHILE NOT WH	THE TI	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) sow the decease above, (I) (we) (c 22b SIGNATURE	ed alive an	12 - 21	198		d that in (my) (eve) apinion of	death occurred (	on the date and h	our and from t	-, that (1) (we) last he causes stated
			7.	Mai	va	en	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	27	28/86
		Tahoor		Kaw	aja		8204 Li	bent	7 Rd	Bal.	timero
	230. B	URIAL, CREMATION, SPECIFY TIAL	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATI		CQUNTY	STATE
	Bu	rial		3-01-86	M	oreland	Memorial Park	Baltim	ore F	altimore	Maryland

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

injury, or other tgaumotic

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached for use as the buriol-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burial, cremitalion IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other tgaum

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

A Committee of the Comm

Putset Petron Petron Petron Institution (Inc. 11 Commercial Petron (Inc. 12) (Inc. 12)

CENS bearing the Little and Constitution of the Constitution of th

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		1-	FOR STATE				DE		MENT OF				6.6	1	1	0	7	1 2	8
062	2103		REGISTRAR	FIR		N			EXAMI	NER'S		CATE	OF DEA		REG.	NO.	0 .	a Cue	
UUA			CEASED NAME E OR PRINT)	FIR	51		MIDDLE				1354	2a. DATE OF	KNOWN ESTI-			DAY YEAR	26 HOUR		
	四年 四十二						HA	RVE	7		EWAR?	7		DEATH	ESTI- MATED	□2-	-24-8		M
15	101118 101118	1. SEX		I. RACE		ATE OF BIR	TH	YEAR	6. AGE (IN)		HS DAYS	IF UNDE	R 24 HRS.	20 DAT		MO	HTM.	DAY YEAR	2d HOUR
10	STORY	1	M	В		4 2	0.9	46		YRS.	DATE	HOOKS	Miles	DEA		2-	-24-8	36 19	4:50E
-	SET FEET			ATE OR	7b.	CITIZEN OF	WHA.	COUN	TRY?	8 MARR	IED AN	EVER MARI	RIED	9 BALTIA	MORE CIT	Y OR CO	YTHUC	OF DEATH	
	239E	M	ARYLAN	D	- 16	U.S.	Α.			WIDOV	-	DIVOR		Ba.	ltimo:	re C	count	-V	MD
_	STWE !	D. CI	TY OR TOWN C	FDEATH	11.	NAME OF H			RSING HOA		HER INSTITU	UTION			JPATION (	TYPE OF W	VORK 126	KIND OF B	USINESS
	ROBER C	В	ALTIMO	RE	1	<b>-83</b> @							GÖV	erni	nent		F	PUBLI	CATIC
=	C See	UA UA	L RESIDENCE (	F IN NURSING H	OME OR OTH	ER INSTITUTION	N. GIVE R	ESIDENCE	BEFORE ADMIS	SION)	Transport	CITY CHAITCO	ludero	EET ADDR	25.5		-		
2 (3)	程記録から	M	ÄRYLAN	D 38.7	519	140		BA	CTIM	DRE	YES .	NO P				L.WO	OD I	RD. 2	1220
9	= Nn	14 F	ATHER'S NAME								15. MOTH	HER'S MAID							1220
1	A STANDARD	DR	ICHARD		MIC	DOLE		S	TEWAR	TS	EL	TZA			WIDDLE		GAS	SQUE	
80	世界を表現る	16a. V	VAS DECEASED	EVER IN U.S					IAL SECUR		17 INFOR	MANT			ADDRE	ESS			
BALTIMOR	S AFIE GIVE P. ITH FO PAGES WISION	N	VAS DECEASED ES NO, OR UNKNOV	VN) (IF YES	, GIVE WAR (	OR DATES)		212	-46-7	7720	ELI	ZA S	TEWA	ART :	3600	W.	FRA	ANKLI	N ST.
3	≅ ≥ . □		18 CAUSE OF	DEATH (Ent	er anly an	e cause per	line fo	(a) (b)	and (c) )									APPROXIMA	
TST	HIN 24 HOU LIN ITEM 18 R. ALONG 1 VSIT PERMIT HYGIENE, EMOVAL.	1	PARTIDE	TH WAS CA	USED BY:				Cardio	He	ead in	njuri	es				-	BETWEEN ONS	ET AND DEATH
10	24 H ALON T PER 7 GIEN OVAL	7	8150	) immi	EDIATECA		OR AS		SEQUENCE		TUTY								
RES	HIN NSI NSI NSI NSI	3		, if any, w															
×.	OR TRANS	7		ta immediating the <u>ur</u>		(b) ) DUE TO,	OR AS	A CON	SEQUENCE	OF									
201	ECUTED WITHIN 24 P. S." IN PENCIL IN ITEA ALON IN EARLY - TRANSIT PER IND MENTAL HYGIER IND , OR REMOVAL		lying caus	e last.		10													
DS.	DOGMAA		PART 2 OTHER SIG	NIFICANT CONDI	TIDNS CONTI	RIBUTING TO DE	AIN BUT	NOT RELA	TED TO THE TER	MINAL DISEAS	E OR CONDITI	ON GIVEN IN P	ARI 1 in						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	HOULD BE EXECUTE RPD "PENDING" IN I CHEE ASDICAL EXA OF HEALTH AND M URIAL, CREMATION,	Z																	
M M	TO THE WEEK	CERTIFICATION	19a. DATE OF	OPERATION		19b CON	NDITIO	N FOR V	WHICH OPE	RATION	AS PERFO	RMED?						20 AUTOPSY	19
TA.	NA SEE SEE	FIG	38.4															YES 🛣	NO 🗆
ř >	THE CONTROLLED BE WENT TO BU	ERT	210 EXTERNAL			21b. TIME	OF IN	JURY		21c. H	OW INJUR	Y OCCURR	ED (ENTER	NATURE OF II	NJURY IN ITEM	18 PART 1	OR PART 2		NO []
0 2	S CERTIFICATE SHOULD RITING THE WORD "PEI ROBED TO THE CHIEF M E. 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PROR TO BURIAL, C		UNDERLYING CONTRIBUTIN	CALISE	OF DE AT	HOURS	Breez.	HTMO	DAY YEA		· ·	of a	Car	r.tho	at vivo	1.	00101	rdrail.	
Sio	SHOOT AND A SHOT AND A SHOOT AND A SHOT AND A SHOT AND A SHOT AND A SHOT AND A	MEDICAL	21d INJURY O	CCURRED		21e PLAC	CE OF	INJURY	(AT HOME	21f. LO	CATION	OL a	Cal	WHO	SLLUC.	Kd	quar	rdrail	
No.	THIS CERT WARDED PAGE 3 SI STATE DEP	E	WHILE AT WORK	NOT WHILE		STREET,	FACTOR	FARM, ET	(C)	1-8	B3 at	Padoi	nia R	CITY OR TO	Balti	more	COUNTY	, Md.	STATE
	E, WRI WARD PAGE STATE		A100 177					-				I CICIO			Darci	IIVI		, P. L. M.	
	A SE SE		220   certify	that I taak o	charge af	the remains	describ	ed aba	ve, held an	Autap	sy K.	Inspection	an L.	Inquiry	, LJ	and in r	my apinio	an	
-	WE ROLL		death resulte	d fram: !	Vatural co	ouses .	A	cident	△, s	vicide	, Ham	icide .	Undet	ermined m	nanner	].			
4	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19	ACTUAL	MO	1.00 7	- 1	1	11 .	0		,	SPECIFY)				-	ATE		
	SHEAT A		SIGNATURE_	MA	March	o And		M		M	I.D. AS	sista	nt MED	ICAL EXA	MINER	S	IGN2D	25-86	
	W A A S		EXAMINER'S N	IAME	Marker	arita	71	Vor	11 M	D		11	1 Per	n Ct	root				
	TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARKLAND/2	12 DI	(TYPE OR PRIN				Α.	_							Teer				
		230.BL	URIAL, CREMAT PECIFY) URIAT.	ION, REMOV		-1-86			IAME OF CI			ORY		CATION	· ADE		COUNTY	MARYL	TATE
07/84 25M	BP	74 FI	URIAT.	OR	1 3.	-1-00	)	M	OOKI	AODC	1/1/	250 DATE	REC'D BY	REGISTE	MORE AR 1256 RE	GISLPA	R'S SIGN	NATI IPE. a	AND
	DHMH - 17 (VR A15 ME (5))		M.C.MA		/H ·	INC ADDI	REES 1	01	E.NOF	RTH A	AVE.	FF	B27	1986	gruno	~ Dav	4doon-	-Mandal	6
	(AK WID ME (D))				,							- 000		.000					

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

067	1 -	STATE REGISTRAR		DEPART		ICATE OF DEATH	B 6 REG. NO	5 4	2 7
1.		EASED NAME FIRST		MIDDLE	i.	AST	20 DATE OF DEATH MONTH	OAY YEAR	2h HOUR
10	11176	Hilda	Brav	mer	Sto	ne	February 4 1986		5:00p M
3	. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRTHOAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
11		Female	Whit	e	Jan	19 1927	59 YRS	INDIVITIS DATS	MIN.
26		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
XA.		Maryland	USA		WIDOWE	ale a	Baltimore Cou	nty	WE
		Y OR TOWN OF DEATH ESSEX		HOSPITAL, NURSIN CHEACHITY GIVE STREET KShire RO		R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Retired-Cashie	LIFE) INDUSTRY	F BUSINESS OR
初	JSU A	RESIDENCE (IF NURSING HOME I ATE 136 COI Bal	DROTHER INSTITUTION JNTY Limore	13c CITY OR TOW Essex		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP COL		. 1
2/		HER'S NAME	WIDOLE			15 MOTHER'S MAIDEN NA	ME		
111		Chris	WIDOFF	Brawner		Frieda	MIDDLE	Frank	1
1		AS DECEASED EVER IN U.S. A		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	100000	
1	(4	S. NO OR UNKNOWN)   IF YES C	SIVE WAR OR DATES)	217-22-	0048	Elaine Litt:	Le 90 Berkshire	Road 212	221
venue, mo		PART I. DEATH WAS CAUS	only one couse pe SED BY: ATE CAUSE (a)		9566	Diralou	1 Arrest	BETWEEN	MATE INTERVAL DNSET AND BEATH
ofner traumans.	100	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	(b)_	CANSEOU	Can	cer with	netactasis	2	1ears
1	N N	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION G	IVEN IN PART 1	0
7	TIFICAT	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FIND!	
/	¥	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)	
	WE	21d INJURY OCCURRED	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		saw the deceased glive cobove, (I) (3 (3))	on Second	deceased from 1995	2006	ad that in (my) ( opinion	deoth accurred on the date and he	, 19	that (1) A Tas couses stated
1		27b. SIGNATURE	Deist	hot	1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	5/86
ALGERTA		E. Weis	brot			406 Eq	stein Blud	'. ≥a	Ho. 50
2	30 B	JRIAL, CREMATION, REMOVA PECIFY) Burial	23b. DATE 2/8/8			m Cemetery	23d LOCATION CITY OR TOW Baltim	ore Mary	land

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Connelly Funeral Home 300 Mace Ave. 21221

250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

should be with the

049051

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTI RUBERT STONE 86 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR 77 BALTHADRE CITY OR COUNTY OF DEATH a BIRTHPLACE MARRIED NEVERMARRIED Va. USA DIVORCED [ WIDOWED CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS Retired-Martins owson GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY HMITS? NO \*\* 1917 Old Turkey Pt. Rd.21221 Md Balto. Essex 15. MOTHER'S MAIDEN NAME ATHER'S NAME MIDDLE Allie Stone Tillie Oliver Henry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWNS William Stone 1917 Old Turkey Pt. Rd. 21221 213-07-0723 no 18 CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIE FITHER NOTHEY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC ) CITY OR TOWN STATE NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (both) apinion death occurred an the date and have and from the causes stated obove (1) (we) (did) (did not view the body after death 276 SJOMAJURE DEGREE 22c. DATE SIGNED mi ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

TLOS OSLER DE

h Rossville Balto. Maryland

250 DATE RECD. BY REGISTRAR 256, REGISTRAR SIGNAPURE

23d LOCATION

TOWSON, MI) 21204

	I	ems #1 2/1	4/86 m	tb F#61			E OF MARYLAND		484	mg 73	"7 1	
042102	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.								5 7	3 1		
		CEASED NAME	FIRST	NA IE	MIDDLE		TZA	20 DATE OF DEATH	MONTH	DAY YEAR 26 HOUR		
4 64		Rubert	Ruper	t	W.		Stump	February	7 4. 1	986	7:15pM	
- 1 AV	3. SE	X	4	RACE		5 DATE		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
100		Male		Whit		Febr	uary 16 1930	55	YRS.			
1 80 X		RTHPLACE (STATE OR	FOREIGN 7	b CITIZEN OF	WHAT COUNTRY?	MARRIE	D MEVER MARRIED	9 BALTIMORE CITY	9 BALTIMORE CITY OR COUNTY OF DEATH			
1192	We	st Virgini	a	U.S	.A.	WIDOW			Baltimore County		MD.	
1 11/27	1	ITY OR TOWN OF DE		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	Quality		E) INDUSTRY		
0 5 6	Ro	ssville 2]	1237		in Square		ital	Engineer		Gener	al Motors	
9 4 19 3		AL RESIDENCE (IF NUR		Y	13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CODE		V1 07.00	
	14 8	ryland THER'S NAME	Balt	Lmore	Essex		YES NO	1 1438 her	it Hd.	Balto.	Md. 2122	
1 12/12/		6907	M	Stumo	LAST		FIRST	eobe Kil		LA	ST	
A 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Vincenon WAS DECEASED EVER	R IN U.S. ARM	ED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT		RESS			
MON Page 4		YES, NO OR UNKNOWN)	Kore:	WAR OR DATES)	232 54 1	4884	Venus Stum	0	(sa	me)		
A Party of the Par		The Control of the Co			1	nd (c- )			,,,,,		ONSET AND DEATH	
T. g		PART I. DEATH V	CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)   PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Bronchopneumonia, focal									
ON a de		10000			R AS A CONSEOU			Part Par	10 34			
EST Come of the community of the communi		Canditians, if any	, which	(b)_								
2 4 4111		gave rise to im cause (a), stati	ng the	DUE TO, O	R AS A CONSEQU	ENCE OF						
of the by		underlying caus		(c)_								
Signal Si	Z			_			NOT RELATED TO THE TER				10	
8 1117	ATIO	19g DATE OF OPERA	TION	19b. COND	Ve pulm	onary	disease -	POST pne	20b. IF YES	Ctomy	NGS USED	
1 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	HHC							YES NO	IN CERTIF	YING CAUSES	OF DEATH?	
VITAL RECORDS,  N. The Sow require visions to be been signored been signored by the sound permit. Then the property to be the signored permit to be	CERTIFICATION	21a. ACCIDENT WAS UN	-	21b. TIME C			21c. HOW INJURY OCCUI	7				
NOR SECTO	11000	OR CONTRIBUTING		7	.M. MONTH D .M.	AY YEAR						
S H S S S S S S S S S S S S S S S S S S	MEDICAL	214 INJURY OCCUP		21e PLACE	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION	CITY OF	IOWN	COUNTY	STATE	
otto otto	5	NOT W	ORK ORK	[AT HOME, 31	REEL PACIONS, OFFICE,	PARM, EIC J						
A PARTY OF THE PAR		22a.1 certify that (1	) (this haspite	attended th	ne deceased from	Janua	ry 25, 19.86	to Febru	ary4	19_86	that (I) (we) last	
# 2 O a t -		saw the decea	sed alive an_	repril	ary 4 19	8b º	nd that in (my) (aur) apiniar	death accurred an the	date and hav	and from the		
F B C T C C		abave, (I) (we)	(ala) (ala nar)	THE WHITE BOOK			·					
OR AT Chora DIRECT Ched In Dept o		abave, (I) (we)		Min	1		DEGREE ATTENDING	MEDICAL S	TAFE /	22c DATE		
TALOR AT By the host HALOREC e detached it State Dept o		77h. SIGNATURE	rent	9/16	r-		MID ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN (1)		1-86	
HOSPITAL OR AT borned by the hosp S FUNERAL DIRECT ould be detected to the the Store Dept o PORTANT. If herro?	The state of the s	776 SIGNATURE	nt Mo	9/16	M.D.		MA 1/) ATTENDING	DIRECTOR PHY	SICIAN	2-4	1-86	
TO HOSPITAL OR AT retorned by the hosp TO F-D-REGIAL DIRECT should be detached it will the State Dept o IMPORTANT. If Bern 2	23a 1	vince	nt Mo	rgan,	M.D.		ATTENDING PHYSICIAN  272e ADDRESS  9000 Fran  EMETERY OR CREMATORY	DIRECTOR PHY  klin Squa	re Dr	ive, 2	1-86 21237	
TO HOSPITAL OR AT TO PUPPITAL DRECT should be demotived in the State Dept. o With the State Dept. o		Vince	nt Mo	rgan,	M.D.		ATTENDING PHYSICIAN  22e ADDRESS  9000 Fran  EMETERY OR CREMATORY  ATTENDING PHYSICIAN  22e ADDRESS  9000 Fran  EMETERY OR CREMATORY  ATTENDING PHYSICIAN  22e ADDRESS  9000 Fran  EMETERY OR CREMATORY  ATTENDING PHYSICIAN  22e ADDRESS  9000 Fran  EMETERY OR CREMATORY  ATTENDING PHYSICIAN  22e ADDRESS  9000 Fran  EMETERY OR CREMATORY	klin Squa	re Dr	ive, 2	1-86 21237	
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DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTLAND 2120	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filliged in the furnish director, page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pager. I and 2 should be used to see the buriot-transit permit. Then please remove carbon papers. Pager. I and 2 should be used to see that the state Dept. of Health and Mental Hygiene prior to buriot, cremation, ar removal.	IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, the medical axaminer highly
	TO HOSPITAL OR ATTENDIN	TO FUNERAL DIRECTOR. At should be detached for use a with the State Dept. of Health	IMPORTANT: If Hem 21 is mo

036151	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 6	0 3	9 3	2.
		CEASED NAME FIRST	C.	MIDDLE	U	AST	20 DATE OF DEATH M	ONTH DAY	YEAR 26 H	OUR
page 3	(111)	Bonna	SULLIVA	AN .			February 1	, 1986	110	:50Am
aay.	3. SE	<	4. RACE	321	S. DATE O		6. AGE (IN YEARS LAST BIRTHI	DAY) IF UNDE		DER 24 HRS
ector rs aft		Female	Whi	te	Janu	ary 6, 1947	39 YRS		DAYS HOUR	S MIN.
Parth. Pa		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore city or		ATH	MD.
, the contract of the contract		ossville	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET anklin Sq	ADDRESS)	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V Secretary	WORKING LIFE) IND		INESS OR
filled in	USU/ 13a. S	TATE Md. HE		136. CITY OR TOW Belai	N 1	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 2320 Edwa		e 21014	
ompletely ond 2 showing	IN FA	THER'S NAME Beverly	$\Gamma^{ullet}$	Constable		Bonna	M. MIDDLE	Engl	emeyer	
nd co		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDRES:	ŝ		
Pogo		no	ONE WAR OR DATES	216-48-	2877	Mr. Philip	P. Sullivan	Same	K 316	
cate to popers avol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	line for (a), (b), and	dicil				APPROXIMATE IN BETWEEN ONSET A	NTERVAL
p ph) on po emo		PART I. DEATH WAS CAL	NATE CAUSE (D)	Cardiopuln	nonary	arrest				
th ce nding carb, or r			DUE TO, Q	R AS A CONSEQUE	NCE OF	NUMBER OF THE				
dea atte nove otion		Conditions, if any, which gove rise to immediate	(b)_	verwneimi	ing gr	am negative l	pacterial se	DSIS		
that the last the sase remost creme		couse (a), stating the underlying couse lost	DUE TO, C	R AS A CONSEQUE	NCE OF					
equires in signed Then pli r ta burii	NOI	PART 2 OTHER SIGNIFICAN	it conditions <u>c</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN	PART IIa	
he low r has bee t permit	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING O YES	CAUSES OF DE	SED EATH?
N. T. Mysici Transici	CER	210. ACCIDENT WAS UNDERLYING			AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR	PART 2)	
inclaring the second of the se	CAL	OR CONTRIBUTING CAUSE OF	DEATH	.м	19					
ottendin ter this is the bund nond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM ETC }	211 LOCATION STREET	CITY OR TOWA	4 (0	VINU	STATE
VDIP VSE of Affice of the second		220.1 certify that X (this ha	ospital) attended t	ne deceased from	anuar	¥ 31 , 1986		1986	, that 🗙	(we) lost
Priority of H		sow the deceased alive	on reprudr	'y 1 19 E		d that in (per (our) opinion	death occurred on the date	a and hour and for	rom the couses	stoted
OR A DIRECTOR		226. SIC SATUR	NV	0.15	1	DEGREE		22	C. DATE SIGNE	D
74 750		Robert	11 1	en			MEDICAL STAFF  DIRECTOR PHYSICIA	IND	2/1/86	,
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH 2b, HOUR TYPE OR PRINTS MEL 6-10 YNDERLIN 4 RACE 5. DATE OF BIRTH 6 AGE EIN YEARS LAST BIRTHDAY IF UNDER TYEAR 3 SEX IF LINDER 24 HR MONTH YEAR MOURS 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED District of Columbia WIDOWED 1. NAME OF HOSPITAL, NURSING HOME 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY LTYPE OF A ORK NOR MOST OF WORKING LIFE UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION J. STATE COUNTY 13c CITY OR JOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 3341 Beech Avenue 21211 NO 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Buckley Ernest Lowe Rosanna Lavinia 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN Robert S. Sunderland 3341 Beech Ave. 21211 MO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 19), (b., andic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE . (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a L certify that (1) (this haspital) attended the deceased fram and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated saw the deceased alive an. abave, (11 (we) (did) (did nat) view the bady after death. 226. SIGNATURE DEGREE 22c DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL CREMATION, REMOVAL

Burial

236. DATE

2/20/86

23c NAME OF CEMETERY OR CREMATORY Woodlawn Cemeterv

CITY OF TOWN

Baltimore

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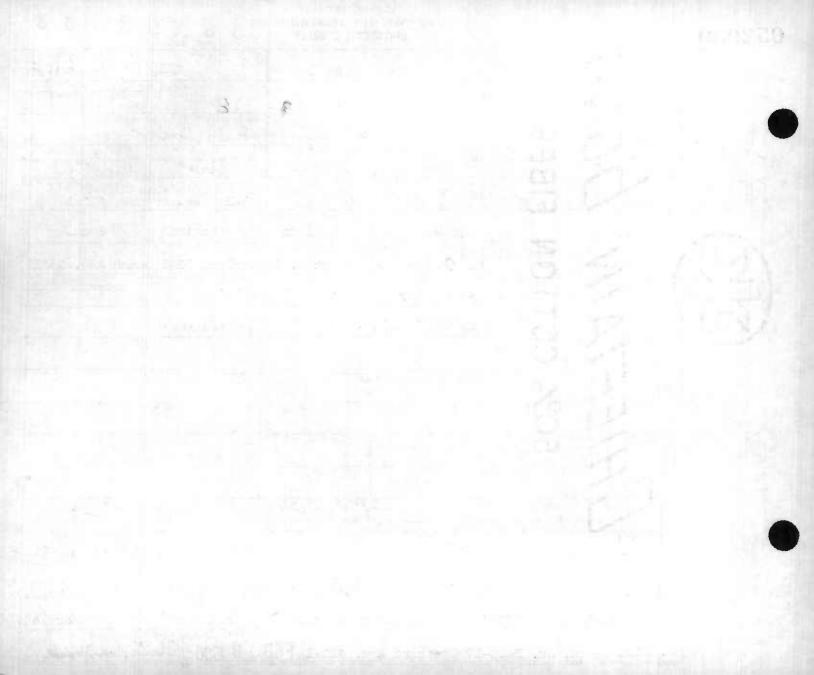
DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) 24 FUNERAL DIRECTOR

A. Alan Seitz, Jr. 3615-19 Chestnut Ave. 21211

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland



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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAN, CREMATION, REMOVAL

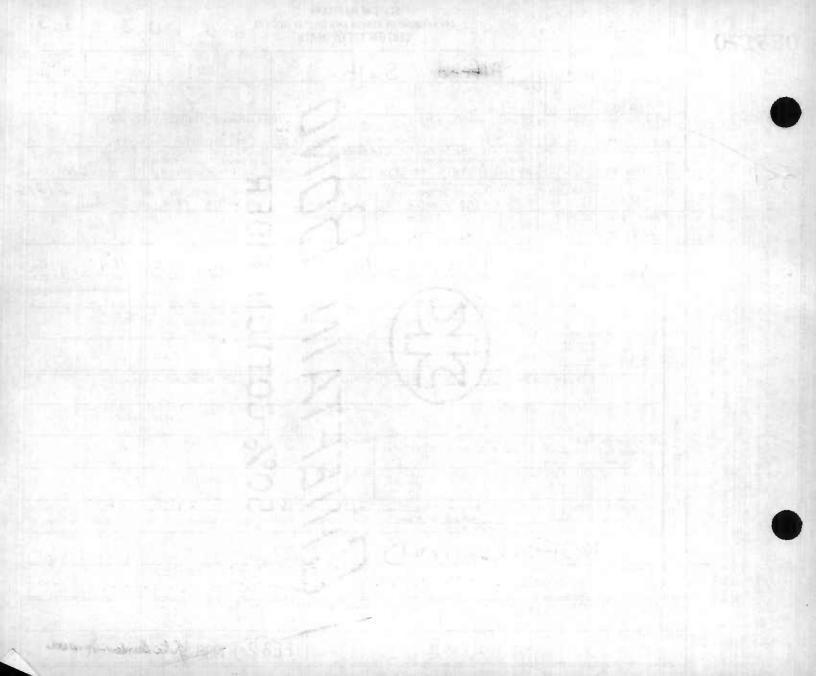
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230 NAME OF CEMETERY OR CREMATORY

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BP	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY Arrison Forest Vet	Owings Mills	COUNTY STATE Md
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR VI 1 1 am C. March	E/H Mast ASSES	1 66	E REC D. BY REGISTRAR 251 REGIS	
(VRA 15, 4)		viiiialii C. Marcr	17/1 West 4300	wabash Avenue   'L	1820 1986 Julia	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI 1986 Ralph Chalmers Sutton February 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 1.5EX 16 1925 WHITE 60 BALTIMORE CITY OR COUNTY OF DEATH BRITHPLACE MATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTERS Baltimore County OHTO WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR SIDING ROSSVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2019 BRANDT AVE BATTO BALTO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST SUTTON CLARA BERNARD ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 2019 BRANDT AVE JANICE A. SUTTON 401160999 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Terminal Cancer of colon with metastasis Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM, ETC.) ment NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from January 12 saw the deceased alive an February 1 above, (1) (we) (did) (did not) view the body after death 19\_86\_, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 9000 Franklin Square Dnive

DHMH - 16 60M 7/84

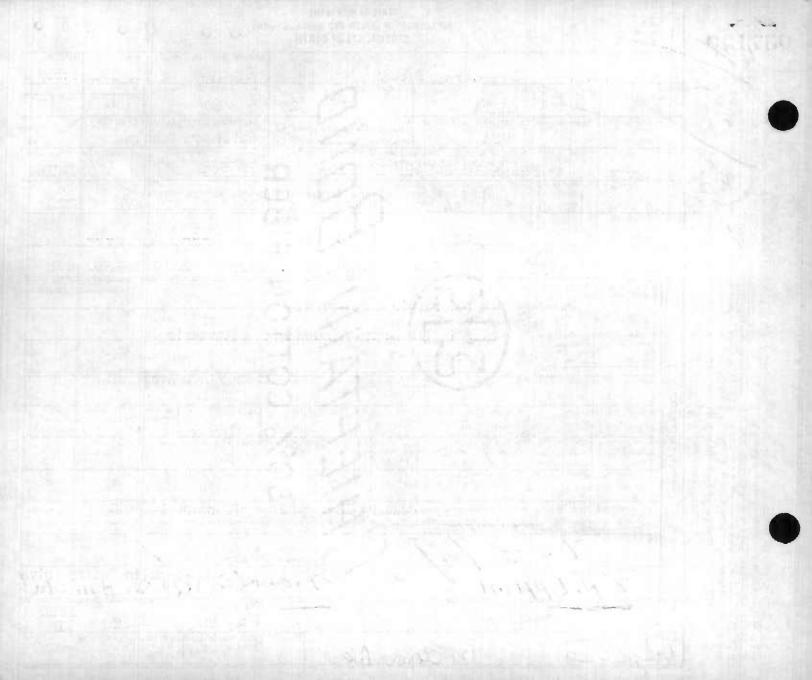
(VRA 15, 4)

14/86

23c NAME OF CEMETERY OF CREMATORY GARDENS HTT AT TO 23d LOCATION

21237

REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE -- Marchelle



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

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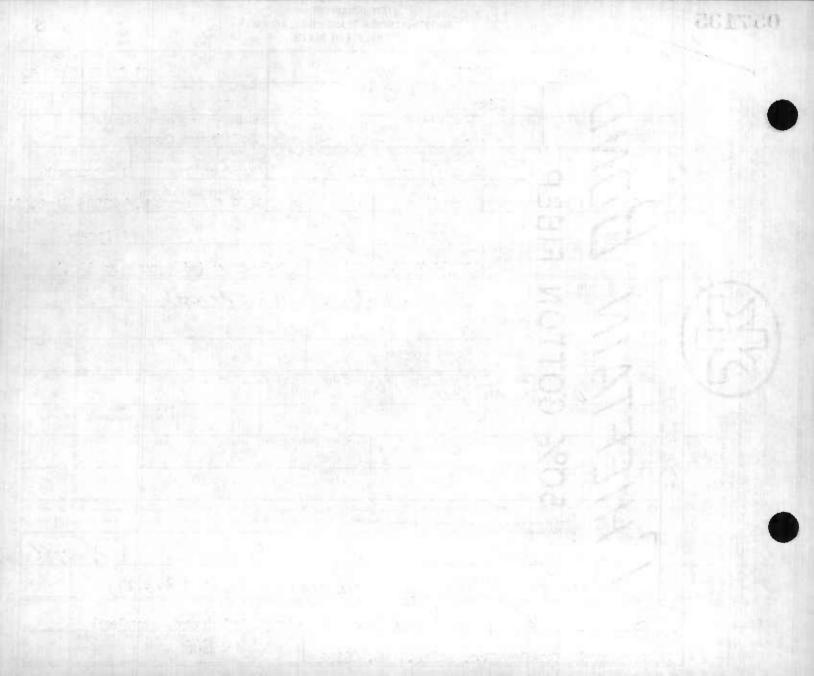
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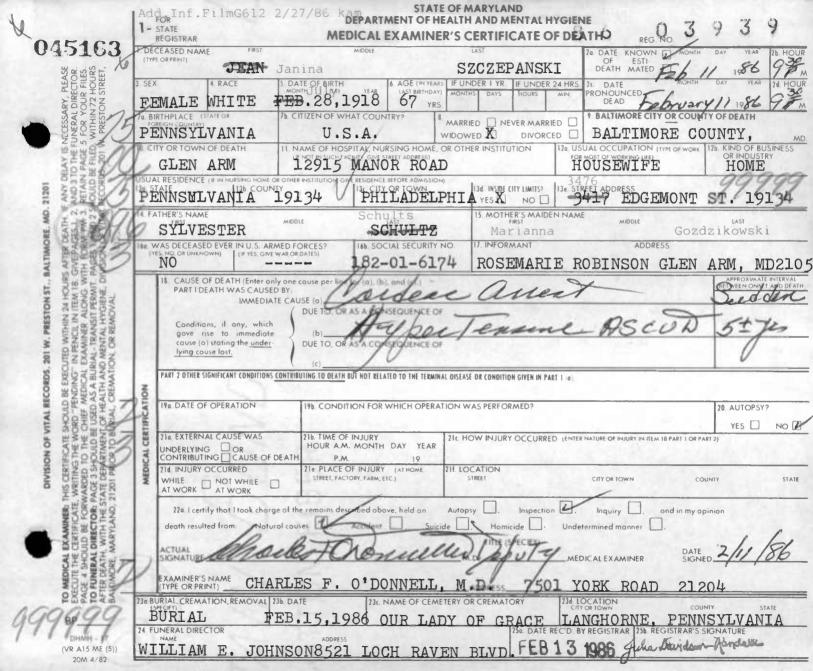
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

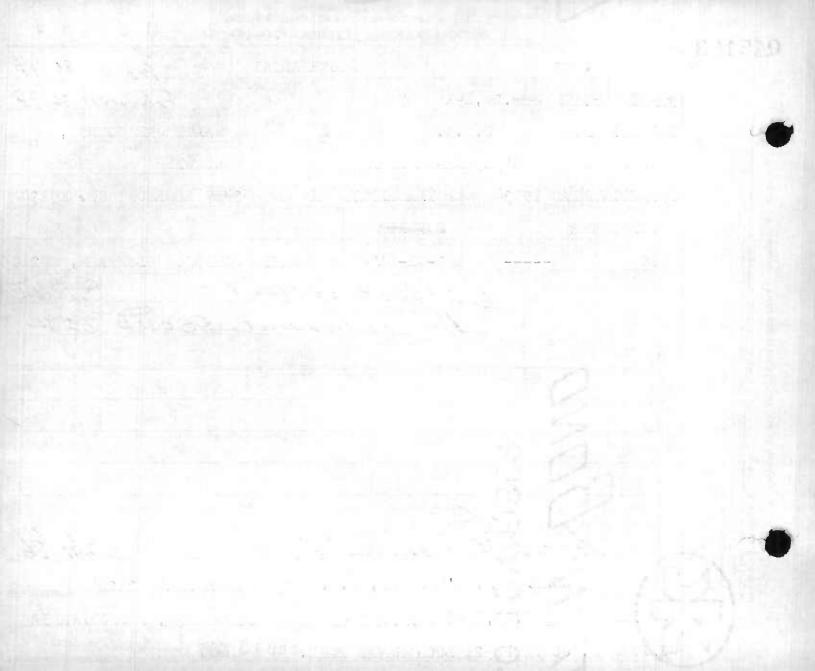
DHMH - 16 60M 7/84 (VRA 15, 4)

Walter Brooks Bradley Inc. Balto., Md. 21222

(VRA 15, 4)







STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc.

Burial

2/11/1986 Cedar Hill CITY OR TOWN

COUNTY

COUNTY

2b. HOUR

IF UNDER 24 HRS

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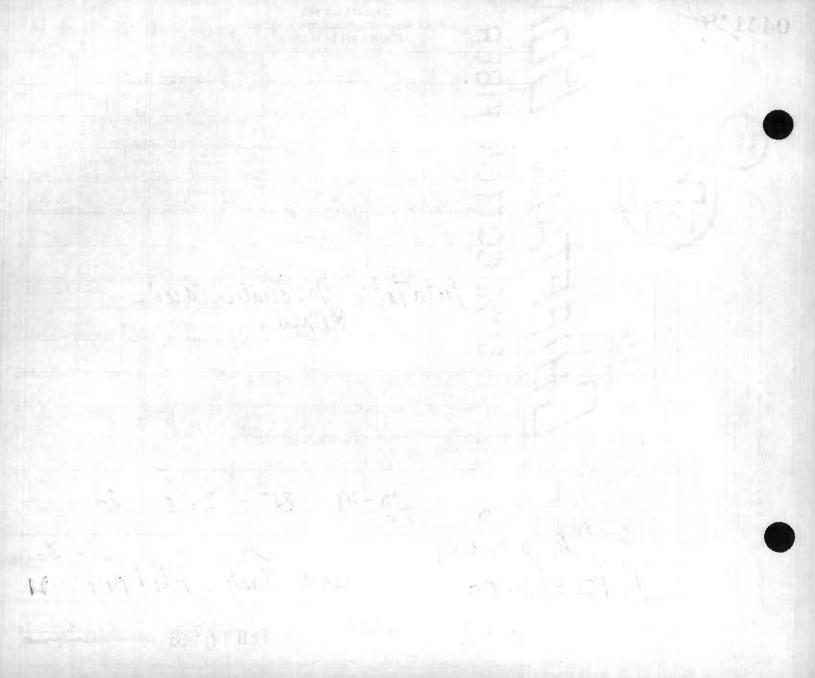
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

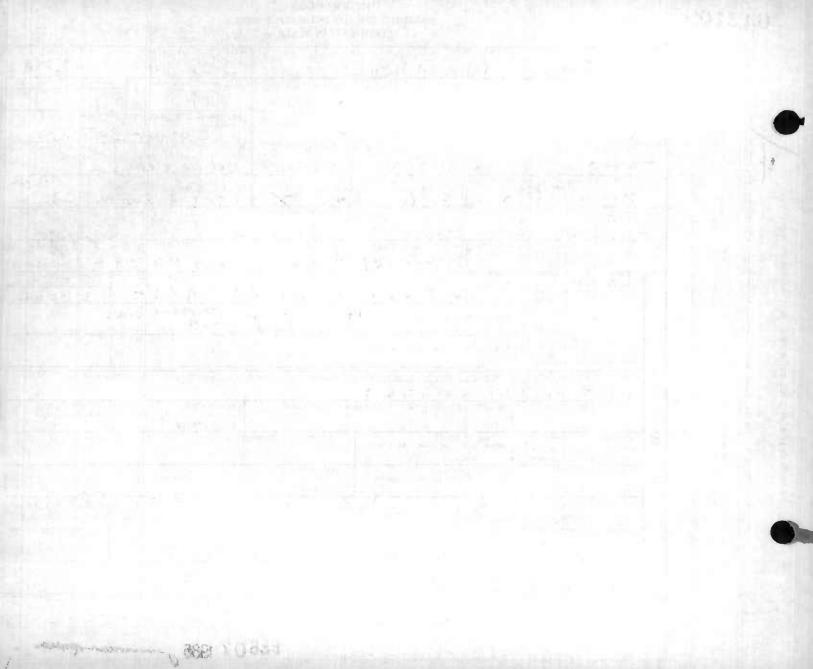
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7922 Wise Avenue Dundalk, Maryland 21222



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	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME					
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RE, ecut		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC		ADDRE	SS 704 8, 100 Ba Re				
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deot deot ove oum		Conditions, if ony, which	( (b) C COX	tusion forek	ed GIFAM					
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201  NG PHYSICIAN: The low requires that the death certificate be executed. The notation of certificate has been signed by the otherding physician and certificate has been signed by the otherding physician and certificate has been signed by the otherding physician and certificate has been signed by the otherding physician and certificate has been signed by the other death of the pages in the following physician prior to buriol, cremotion, or removal.  The death of the medical contained by the other troumotic event, the medical contained by the		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF						
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TOR TOR	ы			86 ond that in (my) (our) opin	ion death occurred on the do	ite and hour and from the causes stated				
OR AL		221 Signa Live	of) view the body after death.	DEGREE		22c. DATE SIGNED				
- t - t - t - t		Trika	Samuell	M MO ATTENDING	MEDICAL STAF	FIND				
HOSPITAL med by the FUNERAL uld be dere on the Store		22d IHI LAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	O DIRECTOR   PINTSIC					
- 5 - 5 - 6		Healion 1	1. Saunder	5						
Short	230 E	URIAL, CREMATION, REMOVAI		NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION					
	0 (	PECIFY)	FEB. 7 1986 D	DLAGGY VALISY	CITY OR TOWN	IN BALTA MARYLAND				
DHMH-16 60M 1/73	-	INERAL DIRECTOR		200 ROOD 250.1		25b. REGISTRAR'S SIGNATURE				
(VR A 15 (4))	5.	AAR CHAOS	ADDRESS V	HOREGOED F	EBO7 1986	- manyison- Mandelle				



, 1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL I	5 6 0	3 9 4 3
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE MA	THOMPSON	REG. NO.  20. DATE OF DEATH MONTH  2 -	9-86 1240
3. S	EX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Female	Black	2 22 10		
30.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
2	Md.	USA	WIDOWED DIVORCED	□ Baltimore Cou	
5	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE	ng home or other institution r address) ty General Hospit	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  Retired	126. KIND OF BUSINESS OR INDUSTRY
13a	STATE 136 COL	or other institution give residence befo INTY I3c. CITY OR TOV IMpreCity Balt,		1 Charleswood C	
100	ATHER'S NAME		15. MOTHER'S MAIDEN	NAME	
N	William	Downe LAST	s Mary	MIDDLE	LAST
6a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ert Pritchett	
	(IF YES, C	160-26-1		ood Ct. Baltimore	Md. 21207
	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	only one couse per line for (a), (b), o		4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TION	underlying cause last.  PART 2 OTHER SIGNIFICANT  COUNTY OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	DEATH BUT NOT BELATED TO THE T	DAC INFARCTOS ERMINALDISEASE ON CONDITION GR AUCTUST PAULA QUE	
CERTIFICATION	WE DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WASHERSONNERS		FYING CAUSES OF DEATH? ES NO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	PAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2}
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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		nat) view the bady after death.		nian death accurred on the date and have	
	22b. SIGNATURE	ne S	DEGREE ATTENDIN PHYSICIAI	G MEDICAL STAFF N DIRECTOR PHYSICIAN	220 DATE SIGNED
	ORIANDO	B. CONANX	s and BCGH	RAWDAUS-TO	NN had 2113
230.	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c.	NAME OF CEMETERY OR CREMATO		COUNTY STATE
	Burial	2/13/86 No	orthwood Cemetery	Phila. P	hila. Pa.
34	FUNERAL DIRECTOR	ADDRESS		DATE REC'D. BY REGISTRAR 256. REGIST	the second
Ar	nold Beard 353	Fountain St. Hav	reDeGrace,Md.	1 9 1986 Julia Da	widon-Handello

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 049044 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG. NO. REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) BARKSDALE BERNARD DEATH MATED THOMPSON 4 RACE IF UNDER 24 HRS 2c. DATE RONOLINCEL Male White Oct. 6, 1910 75 YRS Th CITIZEN OF WHAT COUNTRY? A RIRTHPLACE (STATE OR NEVER MARRIED U.S.A. West Virginia O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY TOWSON Club Manager Food Service IAL RESIDENCE LIF IN NURSING HOME OR OTHER INSULTITION GIVE DESIDENCE REPORT ADMISSION 21136 | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | 21136 | 1950 Ridge Road Reisterstown Maryland Baltimore Reisterstown MEATHER'S NAME 15. MOTHER'S MAIDEN NAME William Barksdale Elizabeth Thompson Martha Smith 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Road (YES, NO, OR UNKNOWN) 212 01 9839 Mrs. Bernard B. Thompson 1950 Ridge 18 CAUSE OF DEATH (Enter only one cause per line for (a), PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian Undetermined manner CHARLES O'DONNELL, M.D. 23d LOCATION Feb. 14,1986 Dulaney Valley Maus. Timonium, Maryland 21093 Entombm ent BP. 250. DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S SIGNATURE **DHMH - 17** E. Lowell Lemmon Padonia & York Road whia Davidson - Gande 80 (VR A15 ME (5)) 20M 4/82

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No. 12 April 19 September 19 Se

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR			DEP		EALTH AND MEN		0 0	REG. NO.	0	3	9	4	3
		CEASED NAME	FIRST		MIDDLE	Ĺ,	AST	1	20 DATE OF DE	ATH MON	TH D	AY Y	EAR	26 HOUI	R
			Mary	J	lane		mpson			ruary	-	19	1	700	M
	3. SEX	(		4 RACE		5. DATE O		YEAR 6	, AGE (IN YEARS	LAST BIRTHDAY		IF UNDER		HOURS	24 HRS MIN.
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		MD		U.S		WIDOWE			Baltim		Cou				MD.
5		Towsor		(IF NOT IN SUC	H FACILITY, GIVE		or other institut		20 USUAL OCC		RKING LIFE	INDU	STRY	BUSINE:	
1	13a. S	AL RESIDENCE (I	13b COUN Bal	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY L	IMITS?	36 STREET ADD	oress / zir urkle	cone		-7	2109	
-	14. FA	THER'S NAME		MIDDLE	IAS	7	15. MOTHER'S MA		E	IDDLE			1.67		
	0	Gerald		NIDULE	Hopkir		Este	lle	m		Mc	Dono	ougi	1	
		AS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT			ADDRESS					
		No			219 3	30 3417	Allen \	W. T	hompso	on,		Sa	me	ATE INTER	
		Conditions, if gove rise to couse (a), underlying	immediate stating the couse last	(b) DUE TO, O	RAS/ACONS	ERIOSCI	Pospic yoursell lenotic	CARI	IN FA	ulan	Ds		Mo	i)	
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2	CERTIFICATION	19a DATE OF O	PERATION	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFORME	D	20a AUTOPS			YING CA		GS USED OF DEAT	H?
	MEDICAL CER	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEALY MEDICAL EXAMINER	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN	ITEM 18 PA	ART 1 OR P	ART 2)	Manage	
	MED	WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE (AT HOME, STI		FFICE, FARM, ETC.)	211 LOCATION STREET		CI	ITY OR TOWN		COUR	4IY	5	TATE
		sow the de abave, (1) (	eceosed alive on,	1-2	4 24	19 <b>86</b> . or	od that in (my) (and	9 <b>&amp; 6</b> Topinion de	to	n the date o	and hour	ond fro		hat (I) 🙀 ouses sta	
		22b. SIGNATUR	Me Zu	ual	7/	m)	DEGREE ATTEM PHYS 22e. ADDRESS	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		224.	2-	24-	86
			S, J,	Venal	ole Jr		7215		Rd. E		, Mc	d			
		SPECIFY)	ION, REMOVAL	236. DATE	1		EMETERY OR CREM		23d LOCATIO	OWN		COUNTY			TATE
	E	Burial		2/27	/86	Dulane	y Valley	/	Balto	. Co	unty	/,		MD	

DHMH - 16 50M 4/83 (VRA 15, 4)

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norked or Item

MPORTANT: If the

24 FUNERAL DIRECTOR

Dulaney Valley Balto. County,
4905 York Rd. 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Balto. Md. FEB 25 1986

Henry W. Jenkins & Sons Co., Balto., Md.

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## STATE OF MARYLAND

33	-	FOR STATE REGISTRAR		DEPARTM		ALTH AND M		IENE 8 6	0 3 9	4 6
		ASED NAME FIRST		WIDDLE	LA	51		2a. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		OLIV	ER		THO	DRNHILL		FEBRUARY 6		2:04 PM
3. :	SEX		4 RACE		5 DATE OF	DAY	YEAR	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER YEA	
13.00	AL		WHITE		11	20	1920	65	YRS.	
20	CC	THPLACE (STATE OR FOREIGN DUNTRY) TADA	U.S.A	• WHAT COUNTRY?	MARRIED WIDOWED	NEVER M.	ORCED	BALTIMORE CITY O	COUNTY OF DEATH	MD
34	OR	T HOWARD	VA MEDI	HOSPITAL, NURS IN THE FACILITY, GIVE STREET A CAL CENTE	ADDRESS)	OTHER INSTI	TUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Self Emplo	F WORKING LIFE) INDUSTR	OF BUSINESS OR
M	AR	YLAND	OUNTY DUNTY	BALTIMOR	E	134 INSIDE CIT YES <b>KIX</b>	NO []		ZIP CODE STIAN STREET	21223
201		HER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S	MAIDEN NAA IRST	WIDDIE.		ACT
4111		WILLIAM JOHN					atrice		3.	Harlan
6///			GIVE WAR OR DATES)	166 SOCIAL SECU		I.orens		ADDRE	ighridge Rd.	21043
, or amer traumati		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	CUTE PULM R AS A CONSEQUE THEROSCLI R AS A CONSEQUE	NCE OF EROTIC	HEART				
Z C		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PNEUMONIA, RIGHT LUNG								IIa
7 8		0 DATE OF OPERATION		ITION FOR WHICH	OPERATION	DEPE OF	MED	20a AUTOPSY?	TOOL IS USE THERE SHIP	
/ =			- Ohn and			WAS PERFOR	WED	YESXX NOT	IN CERTIFYING CAUSE	DINGS USED ES OF DEATH? NO
AFDICAL CERTIFICATION		P) a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER MOTHY MEDICAL EXAN PI MINJURY OCCURRED	DEATH HOUR A. INER) P. 21e. PLACE	M. MONTH DA M. OF INJURY	19	(D)	ury occurr	YESXX NO	IN CERTIFYING CAUSE YES  RY IN ITEM 18 PART 1 OR PART 2	NO [
AFDICAM.		OR CONTRIBUTING CAUSE OF CAUSE	DEATH HOUR A.  INER) P.  21e. PLACE (AT HOME. STO	M. MONTH DA  M.  OF INJURY  REEL FACTORY, OFFICE FA  e deceased from D	19  ARM, ETC )  ECEMB  6 , and	21c. HOW INJ 21l. LOCATION STREET  ER II I that in (my) (HEGREE	URY OCCURR N , 19 <u>85</u> aur) apinion o	YEXX NO CITY OR TO FEBRUAR  to FEBRUAR  leath accurred on the do	IN CERTIFYING CAUSI YES   RY IN ITEM IS PART 1 OR PART 2  WN COUNTY  RY 6 19 86  ate and hour and fram the	STATE
		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTHY MEDICAL EXAM  PILL INJURY OCCURRED  WHILE NOT WHILE LITTORY  VIOLETTIFY THAT (I) (this has we he deceosed alive obove, (I) (we) (dd) (dd)	DEATH HOUR A. INER)  21e. PLACE (AT HOME, STI  an FEBRUAR Institute the body	M. MONTH DA  M.  OF INJURY  REEL FACTORY, OFFICE FA  e deceased from D	19  ARM, ETC )  ECEMB  6 , and	21c. HOW INJ 21l. LOCATION STREET  ER II I that in (my) (HEGREE	URY OCCURR  N  1985  aur) apinion of	YESEN NO CITY OF TO	IN CERTIFYING CAUSI YES   RY IN ITEM IS PART 1 OR PART 2  WN COUNTY  RY 6 19 86  ate and hour and fram the	STATE  , that (I) (we) last the causes stated  (E SIGNED

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE 2/11/86

Burial

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Balto. National Cem.

Baltimore

Maryland

21229 Hubbard FuneralHome, Inc. 4107 Wilkens Ave. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

STATE OF MARYLAND

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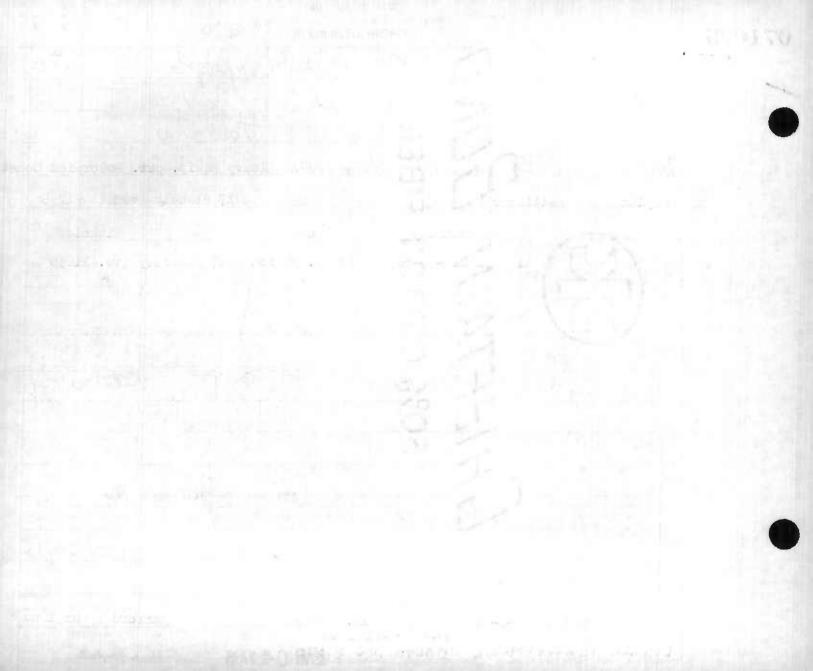
Abb ARA

04	5	06:	9
	DING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after the law and be or attending physician.	After this certificate has been signed by the attending physician indicampletely filled to a treatment director, bage 3 on 2 should be too min. 72 hour after death as the bundle had Mental Hygrene prior to burial, cremation, or removal.	norked or item 18 shows any injury, or other traumatic event, the medical examine must be hapfied at Oce.

		FOR		DEDARTM		OF MARYLAND	IPAIR	O "7	1 4 9
	1 -	STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	0 0	0 3	7 4 0
		CEASED NAME	FIRST	WIDDLE	t.	AST	REG. NO		AR 2b HOUR
1	(TYPE	OR PRINT)	Leonard	Georg	e TI	PPETT	February 9	, 1986	2:55p M
	3. SEX	•	4 RACE		S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UNDER 24 HRS
)		MALE		ASIAN	JUNI		81	YRS.	
75		RTHPLACE (STATE OR FO		S.A.	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	Baltimore city o		r <b>H</b> MD.
57		TY OR TOWN OF DEAT  BALTIMO	RE FRANK	LIN SQU	ARE I	ROTHER INSTITUTION HOSPITAL	170 USUAL OCCUPATION TO THE COLUMN TO THE CO	ON 126. KI ENORGING IFET INDUS UNI	ND OF BUSINESS OR STRY LOCAL ON # 24
35		TATE	G HOME OR OTHER INSTITUTION 36 COUNTY BALTIMORE	GIVE RESIDENCE BEFORE 134 CITY OR TOWI KINGSVI	N _	13d Inside City Limits? Yes \( \text{NO \( \frac{\frac{1}{3}}{3} \)	13e STREET ADDRESS / 7459 BRAI	ZIP CODE DSHAW RD	. 21087
36	14. FA	ALFRED	WIDDIE	TIPP	ETT	MARY	WE	U	NKNOWN
1			U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	216-16-		RUTH TIPPE	TT (WIFE)	SAME AD	DRESS
	3 E-18	PART I. DEATH WA	DUE TO, O which (b)_ tdiote the DUE TO, O	Cardiore:  R AS A CONSEOUE ACUTE MO R AS A CONSEOUE	spira NCE OF YOCATO	tory Arrest  dial Infarction  ic Cardiovasc			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	NOIL	Acute Ex	acerbation o	of Chronic	c Obs	NOT RELATED TO THE TERM  tructive Pulme	onary Diseas	se	
2	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?  YES □ NO 【	20b. IF YES, WERE F IN CERTIFYING CA YES	USES OF DEATH?
9	CAL	71a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	2)c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAI	RT 2)
1	MEDI	21d INJURY OCCURRE	(AT HOME STI	OF INJURY REET FACTORY OFFICE FA		211 LOCATION STREET	CITY OR TO	WN COUN	TY STATE
1		saw the deceased abave. (i) (we) (die 27b. SIGNATURE	this hospital) attended the lating of February of February of the body of the		0.0	d that in (pr) (our) apinion of the property o	MEDICAL STAF	rte and hour and from	that w (we) last to the couses stated
+		SURIAL, CREMATION, R		23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		BURIAL	2/12/			Y VALLEY	BALTIMO		MD.
84	24 FU	NERAL PROPERTY 19705 I	JNEK FUNER Belair Rd.	AL HOME , Balto	, INC.	21236 FF	R 1 1 1088	256 REGISTRAR'S SIC	

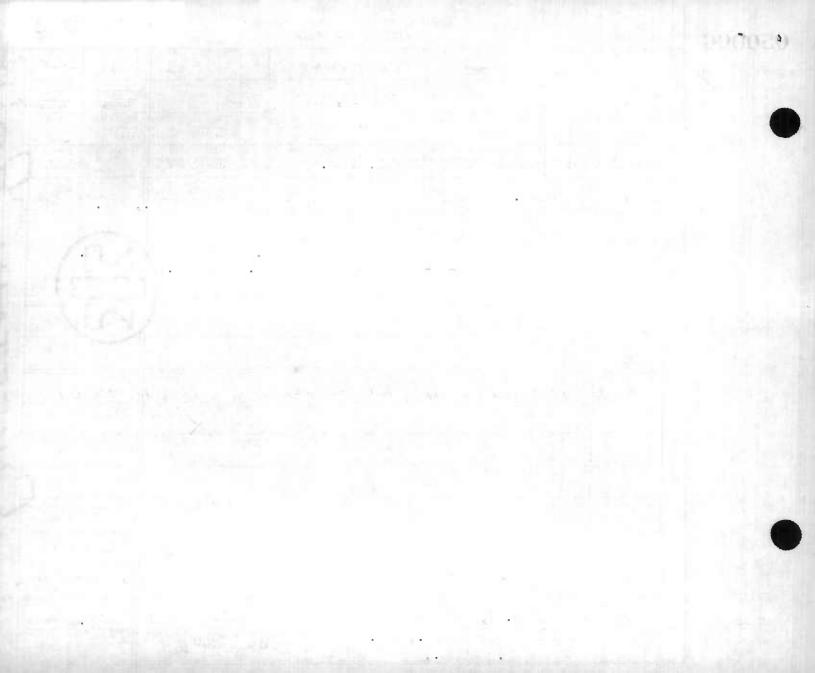
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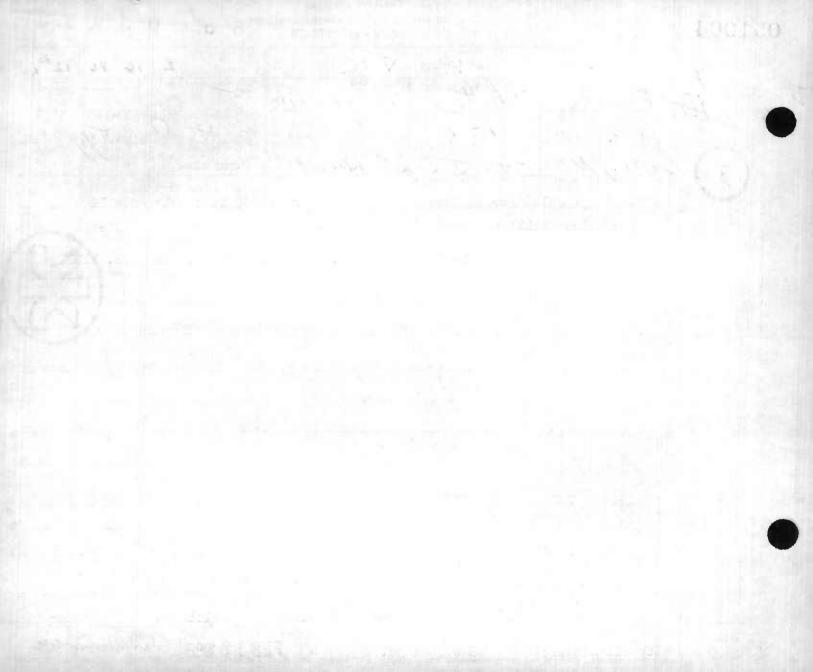


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(VRA 15, 4)



(VRA 15, 4)



066193	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6
. m. W	1 DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH
de de de	Mrs. Ann	Frances	Trombero	Februa
0 0 0	3 SEX 4 5	RACE	S DATE OF BIRTH	A AGE CINYEARS LAST E

2h HOUR IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Female Caucasian July 6 1913 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED New York United States DIVORCED T Baltimore County CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore 8403 Windsor Mill Road Homemaker USUAL RESIDENCE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore Baltimore 8403 Windsor Mill Road 21207 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Frank Tornesello Maria Masterenglo Tornesello 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANICHOLAS Trombero 21207 (IF YES, GIVE WAR OR DATES) 050-16-4833 8403 Windsor Mill Road Baltimore Marylan 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. etastatic DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOID 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC | STREET COUNTY AT WORK AT WORK 30 56 27a 1 certify that (1) (this hospitals attended the deceased from 10 86 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING 3-3-86 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE CITY OR TOWN (SPECIFY) Burial Woodlawn Cemetery Baltimore Maryland Woodlawn 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Loring Byers Funeral Directors. Inc. 8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

DC 120090X Shill distance Milk Short Short Organia Company of the State S present manodi liberali da serre

SIZE LOUGH TOWN RESTAURANCE, SECTION 21435

DHMH - 16 60M 7/73 (VR A 15 (4))

ELINE FUNERAL HOME

230 BURTAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

23b. DATE

23c. NAME OF GEMETERY OR CREMATORY

SMITHSBURG CREMATORY 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d LOCATION

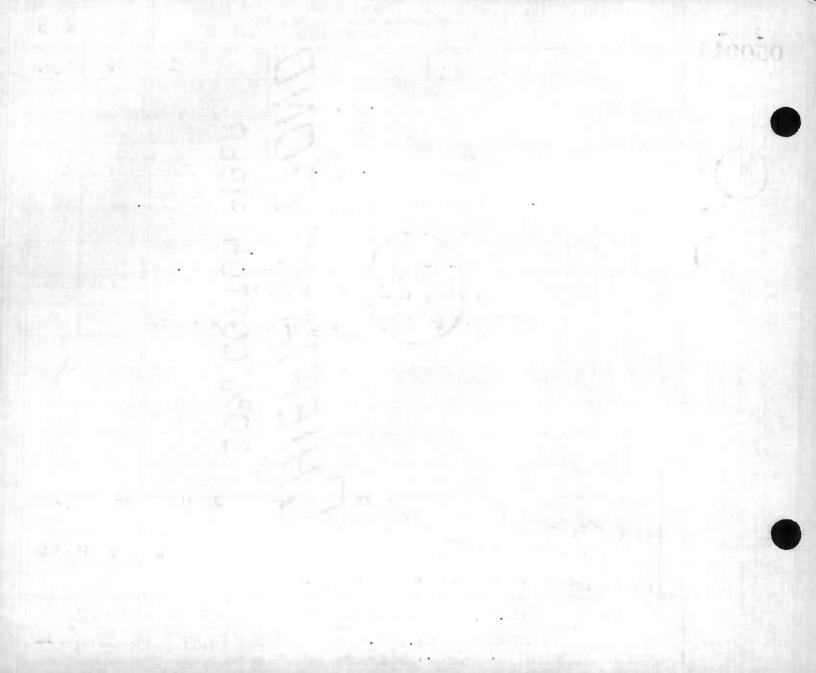
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STATE OF MARYLAND



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and Mental Hyg O FUNERAL DIRECTOR: hould be detached for use with the State Dept. of Hea

PRESTON ST

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DIVISION OF VITAL RECORDS, 201

1-	FOR STATE REGISTRAR
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## CTATE OF MADVE AND

STATE OF MAKIEAND	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	R
CERTIFICATE OF DEATH	V

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6		U	0	

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	· ·		
		CEASED NAME OR PRINT)	rirst nna K	atherine	URBAN	(,	AST	Pebruary 15,	1986		5:45A M
	Fe	male		Caucas	sian	5 DATE O	PE BIRTH 2.4-1°9°02 YEAR	6. AGE (IN YEARS LAST BIRTHI		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOW]	DEVER MARRIED DIVORCED	Baltimore City or			MD.
7	Ва	TY OR TOWN OF DEA		Frank	clin Sc	uare	Hospital	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V HOMEMAKET			ne
2	Md		13b COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltin	N	13d INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRESS / 7926 31st		eet 2	21237
3		ther's name rirst Ha	vran	ek	LAST	1	Barbara E			LAS	л
		VAS DECEASED EVER YES, NO OR UNKNOWN)		UE MIAR OR DATES	166 SOCIAL SECUI 217-26-2		Beatrice F	Rynes 7926		212 Stre	
1		PART I. DEATH W	H (Enter of AS CAUSE (MMEDIA	nly one couse per ED BY: TE CAUSE (a)	ine for (0), (b), one ardiopulm	onary	Arrest	gordanie		BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which appendixts to immediate Conditions of the immediate Conditio										
		underlying couse	lost				c Heart Disea		TION GIVE	N IN PART I	
	ATION	Chronic	Rena	l Failur	e						
-	4	190 DATE OF OPERAT	IION	TYD. CONDI	HON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	200. IF YES,	WERE FINDIN	NGS USED

П	LOU (C	Renai	ratture
ΔΤΕ	OF OPER	ATION	19h CONDITIO

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC ]

MONTH DAY YEAR P.M. 19

211 LOCATION

CITY OR TOWN

COUNTY STATE

220 I certify that X(this hospital) attended the decreased from February 15 sow the deceased alive on February

226. SIGNATURE

CERTIFICA

MEDICAL

00

orked or

MPORTANT:

and that in ( our) opinion death occurred on the date and hour and from the causes stated DEGREE

PHYSICIAN | DIRECTOR | PHYSICIAN

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2)

22c. DATE SIGNED 2/15/86

IN CERTIFYING CAUSES OF DEATH?

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

22e ADDRESS

230 NAME OF CEMETERY OR CREMATORY

9000 Franklin Square Drive, 21237 23d LOCATION

230 BURIAL, CREMATION, REMOVAL Burial

Jee-Joon Loh.

2-18-86

236. DATE

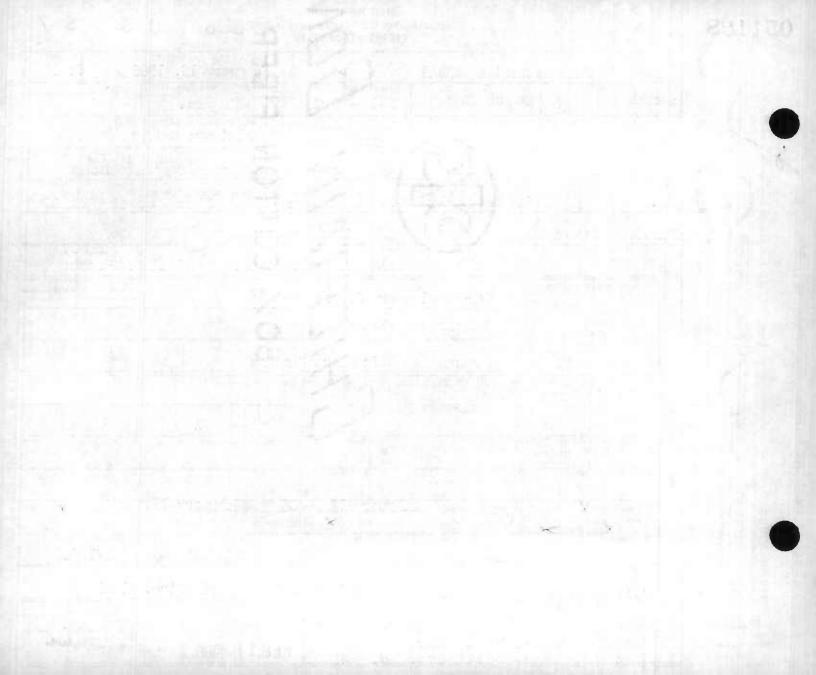
Holy Redeemer Cemetery

ATTENDING

Baltimore, Md.

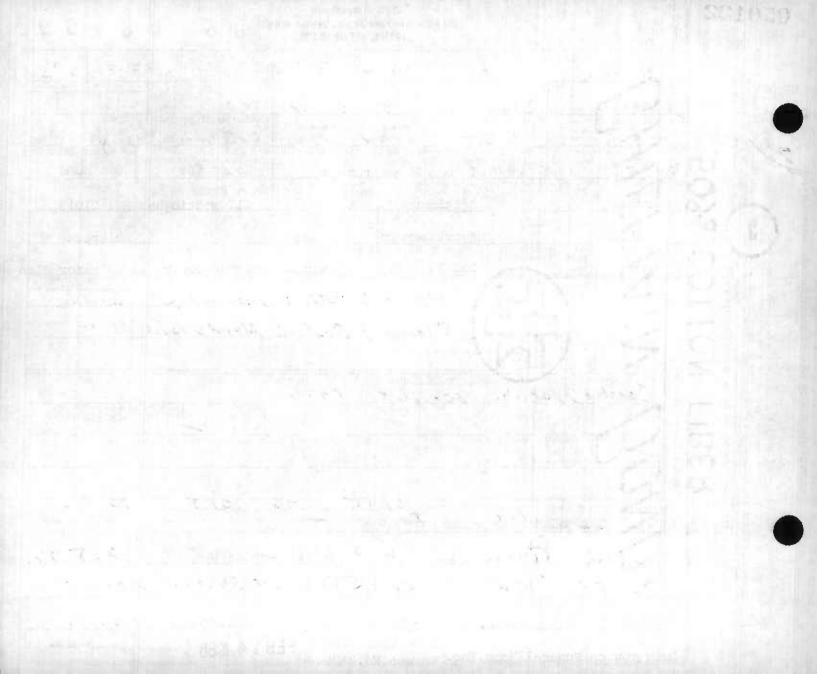
Schimunek Funeral Home, Inc. Brehms Lane, Baltimore, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)



114	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B 6 D	3 9 5 8			
8		EASED NAME FIRST OR PRINT)	MIDDLE	VARELLA	20. DATE OF DEATH MONTH 2 - 7 - 86	DAY YEAR 26 HOUR			
	3 SEX	<del> </del>	1. RACE	5. DATE OF BIRTH  MONTH DAY  1928	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.			
33	1	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNTY BALTIMORE	CO MD			
00	10 CI	BALTO.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPEOF WORK FOR MOST OF WORKING LIFE CONTRACTOR	126 KIND OF BUSINESS OR INDUSTRY			
3		MD. B	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 134 CITY OR TO SALTO.	O. YES NO X	130 STREET ADDRESS / ZIP CODE 5932 CENTR				
1	C	THER'S NAME FIRST NICHOL	AS VARELLA	15 MOTHER'S MAIDEN NA	LINA LA VIOL	LAST			
mediço		PAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SEC (IVE WAR OR DATES) 217-26		M. Varella - 59:	21207 32 Central Cre LAPPROXIMATE INTERVAL LAPPROXIMATE INTERVAL			
hows ony injury, or other troumotic e	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  E SOP L A  190 DATE OF OPERATION	DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO  Q & CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION TO CONTRIBUTION FOR WHICE	DEATH BUT NOT RELATED TO THE TERM  A METASTATIC  H OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES IN CERTIF	S, WERE FINDINGS USED PYING CAUSES OF DEATH?			
hem 18 st	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH  ER) P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	'ART I OR PART 2)			
kedor	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
VT. If them 21 is mo		220. I certify that (1) (this hospital) attended the deceased from Jahuary 27, 19. 86, to February 219. 86, that (1) (we) lost sow the deceased olive on February 3 19. 86, and that in (my) (our) opinion death accurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death.  DEGREE  Mayle February  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN FE 6. 7, 1986							
IMPORTAN		Mayer G	sorbaty	1708 W4.70	head Rd. Bal.	Tano-1 Mes 21207			
_	(	URIAL, CREMATION, REMOVA SPECIFY) BURIAL	10 11 01 1	NAME OF CEMETERY OR CREMATORY -AKE VIEW CEM		COUNTY STATE			
7/84	A	NAME OF THE OF	2 - 7527		EB 1 0 1986	RAR'S SIGNATURE			

bitteo. res (Red All Lands) - 100 Property -National Park Control of the Control



STATI	E OF	MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH Dunn LITYPE OR PRINTI 186 26 11:55P JOS EPH D. VIRDIN 4 RACE 6. AGE LIN YEARS LAST BIREHDAY) 3 SEX 5. DATE OF BIRTH DAY YEAR WHITE MALE 102 07 BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED BALTIMORE COUNTY Maryland WIDOWED DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GBMC-6701 N.CHARLES ST. TOWSON Lumberman Lumber 13a. STATE 13e STREET ADDRESS / ZIP CODE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimorel 1538 Belfast Rd. . Sparks 21152 NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Joseph Dunn Virdin Rosalie Alrich ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 216-05-0357 (IF YES GIVE WAR OR DATES) WW II Elizabeth C. Virdin, 1538 Belfast Rd. N Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY RESPIRATORY FAILURE MULTIPLE OPERATION FOR UPPER G.I.BLEEDING Conditions, if ony, which gove rise to immediate couse lol, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 12/09/85 PEPTIC ULCER, BLEEDING G.I. YES T 71a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN STATE AT HOME STREET FACTORY, OFFICE FARM ETC 1 NOT WHILE 2/26 11/25/ 86 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased plive an 2/26 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and have and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN 22c DATE SIGNED 2/26/86

77h SIGNATURE

24 ALINEDA'L DIBECTOR

FOR

K.UBEROI, M.D.

above, (1) (we) (did) (did not) view the body after death

GBMC-6701 N.CHARLES ST.

230 BURIAL CREMATION REMOVAL Burial 3/1/86

236 NAME OF CEMETERY OR CREMATORY Immanuel Epis. Ch.

Sparks

Balto.

DHMH - 16 60M 7/84 (VRA 15, 4)

Lowell Lemmon, 10 W. Padonia Rd

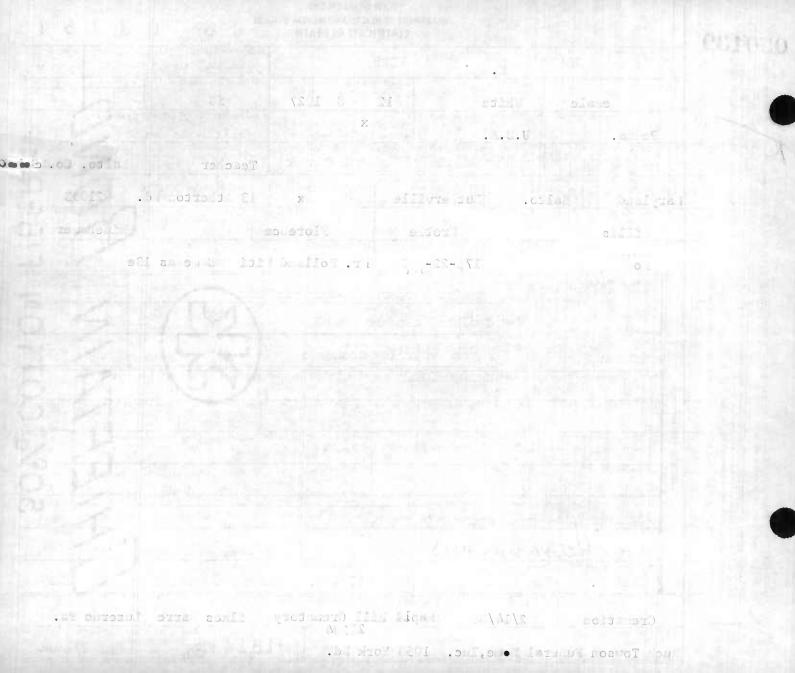
Cem. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Md.

incient of or a second may . Secretary and the second to the same of the same of the same of the same J. ser owell in a con, in a conservation of the server of

10439	<b>Q</b>	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	8 6	0	3 9	6
5013:	9		CEASED NAME FIRST JOAN	K.	K. VITI			20 DATE OF DEATH MONTH DAY YEAR 26 HC			26 HOUR 7:00 I
pod er de		3 SE	X	4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YEAR IF UNDER 24 HRS	
4 00 1			Female	White	TE CITIZEN OF WHAT COUNTRY?		8 1927	58	ONIHS DAYS	NIHS DAYS HOURS MIN.	
2	16	7a 8	RTHPLACE (STATE OR FOREIGN COUNTRY)  Penna.				NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY O Baltimore Coun			
of the to	36	10 C	Baltimore	11. NAME OF HOSPITAL, NURSING HOME ( Greater Baltimore Med		R OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MC Teacher	126. KIND OF BUSINESS OF INDUSTRY Balto. Co.Sc.			
24 hope talled in could be	33	130	AL RESIDENCE (IF NURSING HOME CONTACT 136 COU	NTY	INE RESIDENCE BEFOR 13c. CITY OR TOV Luthervi	VN I	13d INSIDE CITY LIMITS? YES NO.	13. STREET ADDRESS / ZIP CODE 13 Atherton Rd.		21093	
	2/		ATHER'S NAME FIRST Willis	WIDDIE	Krotł	ne	15 MOTHER'S MAIDEN NAME FIRST	MIDDI	Ę	Rineĥ	amer
5 p 6	8		WAS DECEASED EVER IN U.S. A		166 SOCIAL SEC	URITY NO	17 INFORMANT	ADDRESS			
Poges.	aed.		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	178-22-6	Artino	Mr. Rolland	Viti Sar	ne as 13	e	
certificate by ng physicia bon popers.	r other troumatic event, the	MEDICAL CERTIFICATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per l	ine for (a), (b), or	nd (c	vascular acci	dent		days	MATE INTERVAL ONSET AND DEA
hot the death by the ottendi ose remove cor ol, cremation, o			Conditions, if ony, which gave rise to immediate (b)							days	3
			cause (a), stating the underlying cause last DUETO, OR AS A CONSEQUENCE OF MITTAL VALVULAR STENOSIS						years		
Then plants	or or		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ntributing to	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR C	ONDITION GIVE	N IN PART 10	a
No tree	Ned or them 18 shows only		19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH?
CIAN. T physical prificote of trans-			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M	MONTH D	DAY YEAR	21c HOW INJURY OCCUR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PA	RT I OR PART 2)	
G PHYS strending er this or the bur ond Me			21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O			211 LOCATION STREET	CITY O	RTOWN	COUNTY	STAT
TENDIN utal or a for use or of Health	21 or mor		22a.l certify that (I) (this hosp sow the deceosed alive o	n2/	10 19	86 , an	2/8 1986 ad that in (my) (aur) apinion of	, ta death occurred an th	2/10		that (I) (we)
If at OR A by the hosp Ray DIREC detoched to tote Dept. of	No. II mem			mmer	_		DEGREE ATTENDING PHYSICIAN		STAFF	22c. DATE 2/11/	SIGNED
O HOSPITA Plonted by TO FUNERA should be de with the 3rot			Joel L. Hamm	er, M.D.			6701 N. Char		Baltimo:	re MD	2120
BP			BURIAL, CREMATION, REMOVA (SPECIFY)  Cremation	23b DATE 2/14/8			ill Crematory	Wilkes	Barre I	uzerne	-
DHMH - 16 60M :	7/84	24 F	UNERAL DIRECTOR		ADDRES6			E REC'D. BY REGISTR			
(VRA 15, 4)		Ru	ck Towson Fune:	ral Home.	Inc. 10	050 Yo	rk Rd.	EB 1 4 198	6 gruna x	mydson-	gandell

STATE OF MARYLAND



66191	1.	FOR STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	0 3 9	6 2	
deorh deorh		CEASED NAME	John	E. Vores			February 27 1986 1134				
ge a moy	3. SE Ma			4 RACE Caucasian 7b. CITIZEN OF WHAT COUNTRY? United States		S. DATE OF BIRTH  April 1 1907  8  MARRIED NEVER MARRIED WIDOWED DIVORCED		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR			
he funeral dir within 72 hou fied at once.		RTHPLACE (STATE C COUNTRY) nnsylvania	DR FOREIGN					Baltimore County  Baltimore County			
by the fulled with	Wo	odlawn		11. NAME OF HOSPITAL, NURSING HO. (IE NOT IN SUCH EACHITY, GIVE STREET ADDRESS 6419 Gilmore Street			DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Electrician	OF BUSINESS OR		
filled in nould be	130 3	AL RESIDENCE (IF NO STATE <b>ryland</b>	13b. COUN Baltin	TY	GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN WOODLAWN		13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP 6419 Gilmore Str	code	£ 21207	
mpletely ond 2 st	100	arles Vores	٨	MIDDLE LAST		Myrtle Smith		AME MIDDLE		LAST	
on and co		WAS DECEASED EVE YES NO OR UNKNOWN)		MED FORCES? 166 SOCIAL SECURITY NO. 705–09–8095			6419 Gilmore Street Baltimore			21207 Maryland	
physicide no poperimoval.		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE		line for (a), (b), and	1			BETWEEN 3	NONSET AND DEATH	
that the death or the transfer or coll transmered		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE								month	
the requirement of the control of th	CERTIFICATION								IF YES, WERE FIND ERTIFYING CAUSE	FINDINGS USED AUSES OF DEATH?	
CLAN. The		OR CONTRIBUTING CAUSE OF DEATH HOUR			AE OF INJURY R. A.M. MONTH DAY YEAR P.M. 19		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	YES NO D		
tG PHYSH otherding her this co is the burn hand Man shed or th	MEDICAL	21d INJURY OCCU		21e PLACE			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
UTENDIN spirol or CTON At for use of all Health		270 I certify that (I) (14% hospital) attended the deceased from 3 19 10									
the hor the hor the best the Dept to Best the Dept to Best the Dept to Best the Dept to Best the Best to Best the Best to Best		22b. SIGNATURE	n 90	+Do	uni		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN		ESIGNED Folly 98	

DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3-03-86 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

23c NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Park

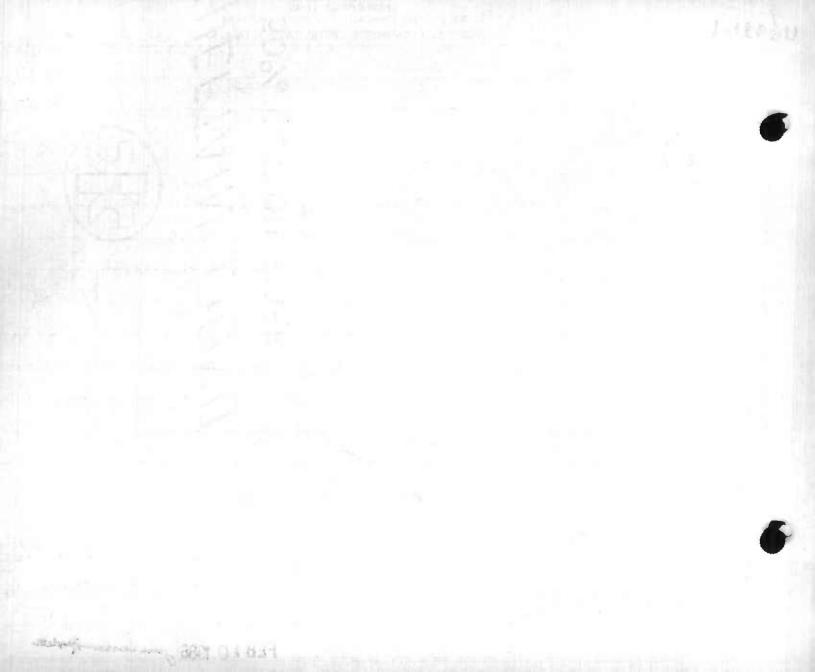
23d. LOCATION Elkridge

P507 Liberty Ry Rambells tom, Md 21133

Howard Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE MAR 5 1980

+							ARYLAND				
044164		FOR STATE			EPARTMENT OF			470 4	0 7	0 6 2	
044104		REGISTRAR		MED	ICAL EXAMI	NER'S C	ERTIFICATE	OF DEATH	REO. NO.	7 0 0	
/		CEASED NAME	FIRST		WIDDLE		LAST	20. DATE	HINOW NOWIH	DAY YEAR 26. H	OUR
2000	1	CONTRICTI	CHRIST	INE	EMSWORTH	1	VADDEY	OF DEATH	MATED 2	61986 8-	OM
COUR FILE	3. SEX	4	. RACE	DATE OF BIRTH	6. AGE (INY		DER 1 YR. IF UNDE		MONTH	DAY YEAR 28. H	OUR
- W T W	FF	MALE	IHITEE	MONTH DAY	YEAR LAST BIRTH		S DAYS HOURS	MIN. PRONOUN DEAD	CED 2	6 198 8-	. 0
A PARENTS		RTHPLACE (STA	WHITE	12 23 7b. CITIZEN OF WH	10 /2	rRS.		- 9 BALTIMO	ORE CITY OR COUN		PM
お朝冬年第二	FO	REIGN COUNTRY)					ED NEVER MAR	RIED LX		10	
250		Virginia TY OR TOWN O		U.S.A	TAL, NURSING HOM	WIDOW			-1/makt	12b. KIND OF BUSINES	MD.
ZEZE P				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRESS			FOR MOST OF WORK	ATION (TYPE OF WORK (ING LIFE)	OR INDUSTRY	2
3000		Randalls			ore County		ral Hosp.	n/a		n/a	
D. 21201 IF ANY D. 2, AND 3. RETAIL SHOULD IN RECO		L RESIDENCE (11 TATE	F IN NURSING HOME OR	STHER INSTITUTION, GIV	RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	SS		
21201 ANY AND RETA HOURT	Ma	ryland		imore	Svkesvil	le	YES NO 5		eld Cente	r 21784	
	14. FA	THER'S NAME					15. MOTHER'S MAIL	DEN NAME			
ORE, MC DEATH. AGES 1, 2 RM PM 3	P	Charles		B.	Wadde	211	FIRST		DDLE	tast	
S S S S S S S S S S S S S S S S S S S		VAS DECEASED	EVER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECURI		Emswor 17. Informant	LII	ADDRESS	Kent	_
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. WISION OF WALL	(Y	ES, NO, OR UNKNOW	(IF YES, GIVE W.	AR OR DATES)	217 00 6	720		h P. White	0106	21223	
		NO CAUSE OF	DEATH (E		1 217-90-6	/39	Ellzaber	n P. White	2126 W1	APPROXIMATE INTERV	Al
PRESTON ST., ITHIN 24 HOU! CIL IN ITEM 18, VER ALONG W ANSI PERMIT. AL HYGIENE, D REMOVAL.		PARTIDEA	TH WAS CAUSED	BY:	(a), (b), and (c).)	1				DETWEEN ONSET AND DE	EATH
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MONTH AND THE STATE OF THE STAT		Conditions	, if ony, which	DUE TO, OK	43 A CONSEQUENCE	Or					
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XECUTED VG" IN PROPERTY OF EXAMPLE OF EXAMPL				(c)							
単 WEビスケラ	7	PART 2 OTNER SIGN									
AS A	CERTIFICATION										
TAL RE- HOULD HOULD WED A USED	S	190. DATE OF C	OPERATION	19b. CONDIT	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						
¥ \$82557	l E								72-9 73	YES NO	
SEE SEE		210 EXTERNAL		21b. TIME OF HOUR A.M.	MONTH DAY YEA		OW INJURY OCCURE	RED LENTER NATURE OF INJU	URY IN ITEM 18 PART 1 OR P	ART 2)	
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S CERTIFICATE SHOW RITING THE WORD." RDED TO THE CHIE GE 3 SHOULD BE USE TO EPROREM OF THE PERSON OF THE OFFERTON OFFERTON OFFERTON OF THE OFFERTON	MEDICAL	21d INJURY OC	CCURRED		FINJURY (ATHOME, DRY, FARM, ETC.)		CATION	CITY OR TOW	VN CC	DUNTY ST.	ATE
	2	WHILE AT WORK	AT WORK		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			CITOKION		31.	AIL
MEDICAL EXAMINER: THI SCUTE THE CERTIFICATE, WAS A SHOULD BE FORWARD FUNERAL DIRECTOR: PARENDER, WITH THE STATIONORE, MARYLAND, 21;				of the remains desc	ribed obave, held an	Autop	sy , Inspect	an Inquiry	and in my o		
A SOUTH A		deoth resulted	0	I couses 1,		vicide	, Hamicide	Undetermined ma		pinion	
REG BE		, deom resurred	THE	tooses L,	Accident L., S	Olcide L	A STATE OF THE PARTY.	Undetermined ma	nner,		
CAL EXA THE CER SHOULD STAL DIR SATH, WI		ACTUAL	FRUV 1	DILAN	m2m 11		(TITEL (SPECIEV)	V	DATE	-1-1-86	,
SEA SEA	1	SIGNATURE		Accu.			0.	MEDICAL EXAM	INER SIGN	ED 2 0 02	
S S S S S S S S S S S S S S S S S S S		EXAMINER'S N	IAME F	W/1/1	AMSIN.	R	ADDRESS 5	50 BAL	TO NAT	1. 82172	1
TO ME PAGE PAGE PATTER	23g.B		ON, REMOVAL 23h	DATE	23s. NAME OF CE			23d. LOCATION CITY OF TOWN	******		=
	(5	Buri		2/10/86			Cemetery	Baltimor	COL	Maryland	
BP	24. FI	JNERAL DIRECT			Loudon	Iaik		REC'D. BY REGISTRAL	R 25h. REGISTRAR'S	SIGNATURE	
DHMH - 17 (VR A15 ME (5) )	77	NAME	n 1 **	ADDRESS	/107 *****	2122	9 6	EB 1 0 1986	Luncas dilente	icon Handelle	
15M 2/80		ubbard	uneral H	ome, Inc.	4107 Will	kens /	ve. [	ED TO 190	1		

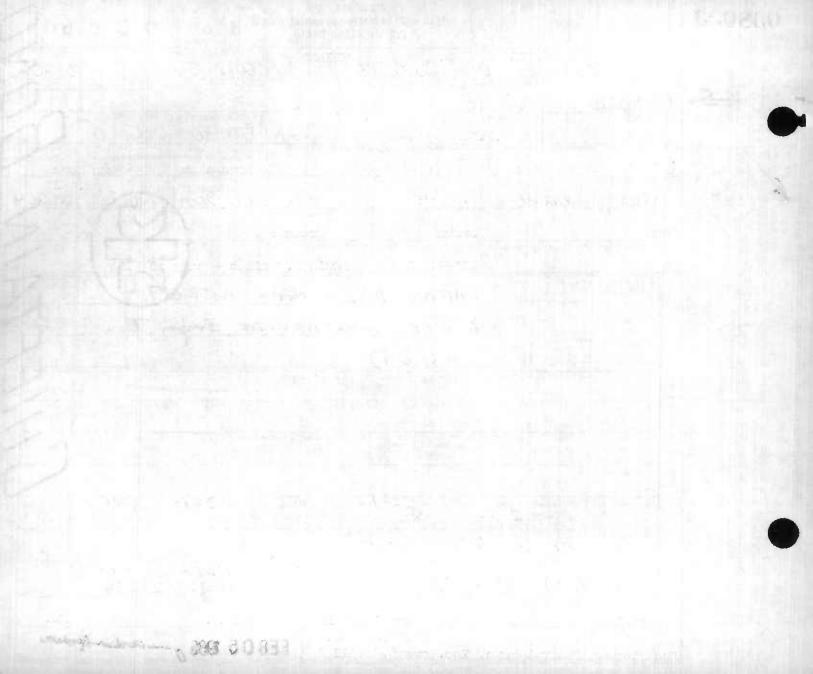


	ING PHYSICIAN. The low requires that the death certificate he enclided within 24 hours after death. Page 4 may be	Agiter death Page 4 reay be
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BP. DHMH - 16 60M 7 (VRA 15, 4)

1 -			DEPARTM			0 0	0 3	3 7 6	) 4
	CO POURTI PO LO	TELLIBE _	B. U	Jailé	WAILES	20. DATE OF DEATH	MONTH DAY	YEAR 2b	:26M
F	emale	Whit	re.	5. DATE OF	F BIRTH VEAR VEAR	93	YRS	HS DAYS HO	NDER 24 HRS
	Md.	U.S.	Α.	WIDOWED	DIVORCED [	Balto.	Cour	ity	MD
1/2	. Towson	5+. JC	1 FACILITY, GIVE STREET	100p	. 1	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	Own Ho	me
13a. S	Md. Ba		13c. CITY OR, TOW	N 1	YES NO	1300 90U	Hierly	0 =1	812
	FIRST	WIDDLE	Brown		FIRST	WIDDLE		Bosto	n
								3e	
	PART I. DEATH WAS CAUSED	BY:	ine for ioi, ibi, one		11 MONAR	Y ARR	77	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ION	Conditions, if any, which gove rise to immediate cause ioi, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	(b) DUE TO, OR	ACUTA AS A CONSEQUE ASC	NCE OF			DITION GIVEN	IN PART 110	
TIFICAL	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	206 AUTOPSY?	IN CERTIFYIN	G CAUSES OF	
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	M. MONTH DA M.	Y YEAR	APRIL 183	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
MED	WHILE NOT WHILE AT WORK	(AT HOME STRE	DE INJURY EET, FACTORY OFFICE F.	ARM ETC }	STREET	CITY OR TO	NWN	COUNTY	STATE
	sow the deceased alive on above, (l) (we) (did) (did not	2-1-	- 19 C	-		death occurred on the d	ote and hour an		
	Aam	~ 0		7	U- DATTENDING PHYSICIAN	MEDICAL STA	CIAN		4ED
	BA YIN	BC	ing		BACT	o. ma.	HR 8	36	
	LIDIAL OPERATION DEMOVAL	23h DATE	23c N	AME OF CE	MAETERY OR CREMATORY	23d LOCATION			
- (	SPECIFY) Burial	2-5-8			ne Park	Balto.	00	YINU	Md.
	MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION	DECEASED NAME  (TYPE OR PRINT)  3 SEX  F. M. C.	TOWSON  10 CITY OR TOWN OF DEATH  11. NAME OF PRINT OF VISA.  10 CITY OR TOWN OF DEATH  11. NAME OF PRINT OF VISA.  10 CITY OR TOWN OF DEATH  11. NAME OF PRINT OF VISA.  11. NAME OF PRINT OF VISA.  12. STATE  13. COUNTY  14. FATHER'S NAME PRST  15. COUNTY  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN)  18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  18. TOWNOR (b)  19. DATE OF OPERATION  19. COUNTY  21d. INJURY OCCURRED ALWORK ALWORK ALWORK ALWORK  220. CERTIFY that (1) (this hospital) ottended the Sow the deceased alive on Obove, (1) (well (did) (did not) view the body of the County of	I DECEASED NAME  I DECEASED NAME  I DECEASED NAME  I DECEASED NAME  I PROTECTION  I SETTIFIED  I RACE  FROM COUNTY  III. NAME OF HOSPITAL, NURSING  III. NAME OF HOSPITAL  III. NAME OF HOSPITAL  III. NAME OF HOSPITAL  III. NOT WHILE  AT WORK  III. NAME OF HOSPITAL  III. NAME OF HOSPITAL  III. NAME OF HOSPITAL  III. NAME OF HOSPITAL  III. NOT WHILE  AT WORK  III. NAME OF HOSPITAL  III. NOT WHILE  AT WORK  III. NAME OF HOSPITAL  III. NAME OF HOSPITAL  III. NOT WHILE  AT WORK  III. NOT WHILE  AT WORK  III. NOT WHILE  III. NOT WHILE  AT WORK  III. NOT WHILE  III. NOT WHILE  III. NOT WHILE  AT WORK  III. NOT WHILE  III. NOT WHI	TOWSON  USUAL RESIDENCE (IF NURSING HOME OF OFFICE STELLE)  IS DATE OF OPERATION  18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ice of operation storing the underlying couse lost.  PART 1. DEATH WAS CAUSED BY.  Iff only, which gove rise to immediate couse io), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT R OP CONTRIBUTING COUSE FARM EIC)  Iff only one couse lost.  Iff only, which gove rise to immediate couse io), storing the underlying couse lost.  Iff only one couse lost.  Iff only which gove rise to immediate couse io). Storing the underlying couse lost.  Iff only one couse lost.  Iff only which gove rise to immediate couse io). Storing the underlying couse lost.  Iff only one couse lost.  Iff only which gove rise to immediate couse io). Storing the underlying couse lost.  Iff only one co	TOWSON  IS CAUSE OF DEATH  IS CA	1. STATE REGISTAR  REGISTELE  REGISTAR  REGIST	- STATE REGISTRAR  I. DECEASED NAME I FIRST ESTELLISE    DOOR   D.   DOOR   D.   D.   D.   D.   D.   D.   D.   D	- STATE REGISTARE    DECEASED NAME   1851 ESTELLE   MODITE   B.   MARTINES   18 DATE OF DEATH MODITE   OAX   1848   B.

STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNITZKE Catonsville Funeral Home 1630 Edmondson Ave. Balt. MD 21228

23b. DATE

2/3/86

23¢ NAME OF CEMETERY OR CREMATORY

23a, BURIAL, CREMATION, REMOVAL

(SPECTemation

Westview Crematory Maryland Catonsville 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE disting Davidson Randall

CITY OR TOWN

26 HOUR

12h KIND OF BUSINESS OR

Ricktor

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c. DATE SIGNED

Own Home

INDUSTRY

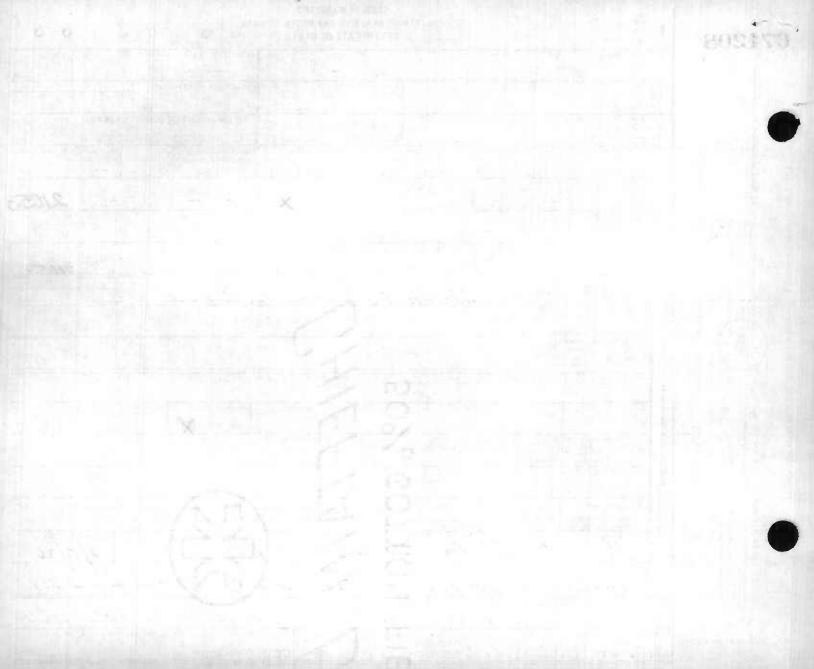
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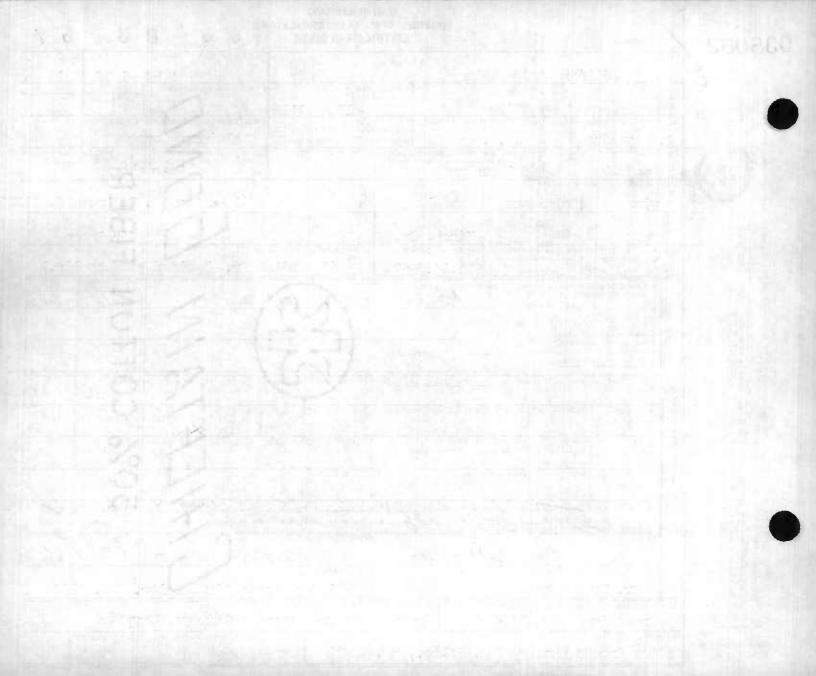
DHMH - 16 50M 4/82 (VRA 15, 4)

Second at Franklin St. 24 FUNERAL DIRECTOR J.J. Hartenstein, New Freedom, PA 17349

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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Item # 13e G 613 3/21/ 86 STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 9 7 0

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	000	3 9 7 0
1 DECEASED NAME FIRST	MIDDLE	LASŤ	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
(TYPE OR PRINT)	red Abby WARD		Echanom 7 10	
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	1986 In 20P M
FEMALE	WHITE	JUNE 23 1924	61 YR:	MONTHS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
MD.	U.S.A.	WIDOWED DIVORCED	<b></b>	nty MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12d USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
BALTIMORE	FRANKLIN SQU		HOMEMAKER	<u>-</u>
MD. BAI	DR OTHER INSTITUTION GIVE RESIDENCE BEFOR JUSTY  LTO.  BALTIMO	VN 13d. INSIDE CITY LIMITS?	8609 OAKLE	IGH RD. 21234
14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
JOHN	MULLANE		WIDDLE	EDWARDS
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATES!	JRITY NO. 17 INFORMANT	ADDRESS 3	HIGH HAVEN PL
(YES NO OR (JUKNOWN) (IF YES, G	220-14-	7215 BONNIE BE	LCASTRO (DGHT	(R) 21236
	only one couse per line for (a), (b) or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (a) Cardiopul	monary Arrest		
Conditions, it ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU  (b) Small cel  DUE TO, OR AS A CONSEOU	l cancer of the lu	ng	
	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART Tro
190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	IB PARTI OR PART 2)
WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY	PARM, ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive or	n February 7 19	February 4 1986 86 ond that in (M) (our) apinion	to February 7 death occurred on the date and I	, 19 <mark>86 that <b>X</b> (we) lost hour and from the causes stated</mark>
Susant S	aye Fearson	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	27. DATE SIGNED 2/7/86
Susan K.	Pearson, MD	9000 Frankli	n Square Drive,	21237
230 BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY REENMOUNT	23d LOCATION	RE COUNTY MD.
24 FUNERASCH PMUNEK	2/10/86 G	REENMOUNT	BALTIMOR	RE MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

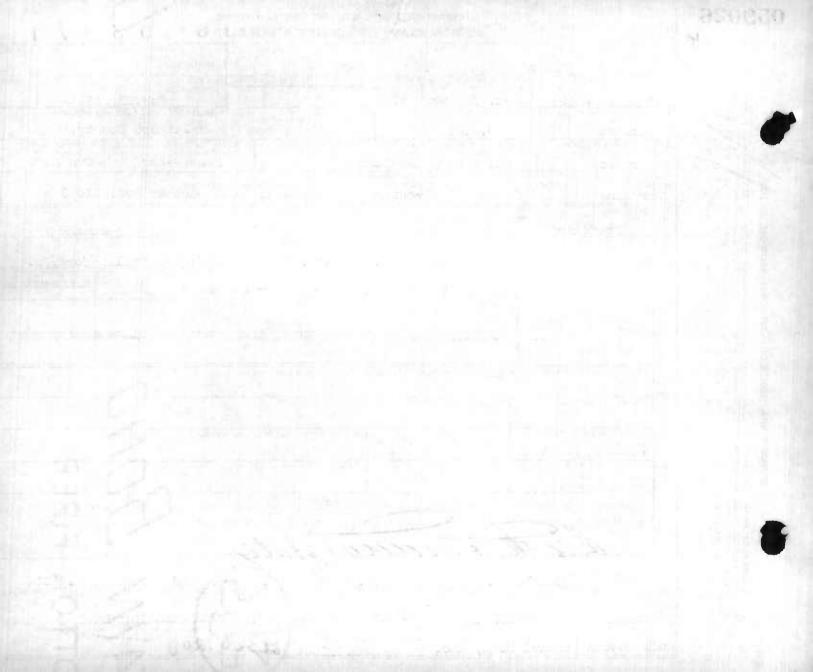
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STATE OF MARYLAND 059026 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED LEONA H. WATSON 19 6. AGE (IN YEARS IF UNDER 1 YR. 4 RACE DATE OF BIRTH IF UNDER 24 HRS 20 DATE 2d HOUR LAST BIRTHDAY DIREC PRONOUNCED 96 Oct. 19,1899 DEAD 86 Feb.23, 19869 White YRS Female In BIRTHPLACE (STATEOR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County, U.S.A. Vermont WIDOWEDX DIVORCED ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Home Maker Own Home St. Joseph Hospital Towson SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 623 Goucher Ave. 21093 Baltimore Timonium NO X Marvland YES [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Frederic Michand Demers Eugeme 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS I HE YES GIVE WAR OR DATES 055-09-2479 Mrs. Denise Cunningham Wallingford, Pa. 18 CAUSE OF DEATH (Enter only one cause per ling for)(a), (b), and (c).) F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE D IL CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH HPRESI PART I DEATH WAS CAUSED BY: OR IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PRAGE 4 SHOULD BE FORWARDED TO THE CHIEF A TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTAKENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAN. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, TIE LOCATION 71d. INJURY OCCURRED STREET, FACTORY, FARM, E1C.1 STREET WHILE AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I toak charge of the remains described above, held an Inspection and in my apinian deoth resulted from Undetermined manner SIGNED EXAMINER'S NAME Charles F. O'Donnell, M.D. ADDRESS 7501 York Road Towson, Md. 21204 TYPE OR PRINT 73± BURIAL CREMATION, REMOVAL TRE-DATE 23: NAME OF CEMETERY OR CREMATOR JM LOCATION Baltimore National Cem. 1 Cem Baltimore, Maryland 750 DATE REC'D. BY REGISTRAR'S SIGNATURE Burial BP 24 FUNERAL DIRECTOR 1050 York Road **DHMH - 17** Ruck Towson Funeral Home, Inc. (VR A15 ME (5) Towson, Md. 21204 20M 4/82



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	FOR	
-	STATE	
	REGISTRAR	

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY Y	EAR 26 HOUR				
(TYPE OR PRINT) MARIE	CARMILLE	WEAN	2 10 '86	M				
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I					
Female	Cauc.	8 27 22	63	DAYS HOURS MIN.				
7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	0	9 BALTIMORE CITY OR COUNTY OF DEA	TH				
COUNTRY .	USA	MARRIED EXNEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY	MD				
TOWS ON	GBMC - 6701 N . CH	HARLES ST.	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDU	IND OF BUSINESS OR STRY NOME				
		ille   13d. INSIDE CITY LIMITS?	Rt. 3, Box 1896	22473				
	Hand LAST Hayne		MIDDLE FO	rd				
160 WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES!		ADDRESS	11 83				
no n		0315 Stanley W	. Wean, Sr. 13e					
PART I. DEATH WAS CAUS	only one couse per line for 101, (b), on ED BY: ATE CAUSE (o) HEART FA			PPROXIMATE INTERVAL WEEN ONSET AND DEATH				
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF							
			MINAL DISEASE OR CONDITION GIVEN IN PA	ART 10				
DIABETES  190 DATE OF OPERATION  10/85  210. ACCIDENT WAS UNDERLYING [	ENDROMETRIAL	OPERATION WAS PERFORMED  CANCER	200. AUTOPSY?  200. IF YES, WERE FIN CERTIFYING CA					
OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH DA	AY YEAR .	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PA	RT 2)				
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM ETC.)	CITY OR TOWN COUN	TY STATE				
220.1 certify that (1) (this hasp sow the deceased alive o	n 2/10 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (cor) opinion	to 2/10 19 86 death occurred on the date and hour and from	m the couses stated				
22h SIGNAYURE  22d PHYSICIAN'S NAME THE	Trune m	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR   PHYSICIAN	10/81				
DALE M. (	GREENF M.D.	GBMC - 670	1 N. CHARLES STREET 2	1204				
23a BURIAL, CREMATION, REMOVA	236 DATE 236 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	STATE				
Burial	2/13/86 Le	isters Church	Westminster, Car					
Robert K. Pri	412 Wash	ington Rd. 25a. DAI	RECO. BY REGISTRAN 256 REGISTRAN'S SIGNAL OF THE PROPERTY OF T					

DHMH - 16 60M 7/84 (VRA 15, 4)





















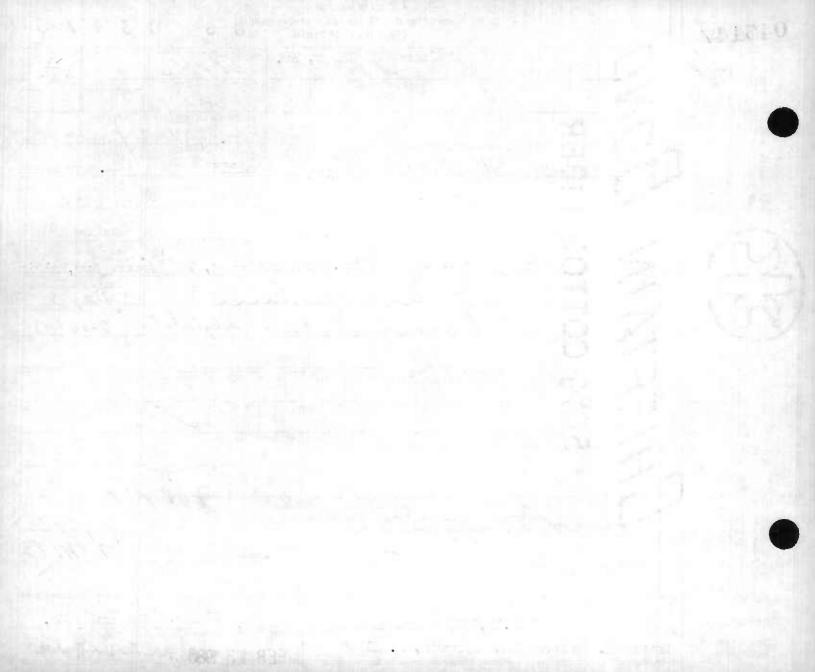












STATE OF MARYLAND

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BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

# FOR STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OR

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21219

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	)		
	CEASED NAME	FIRST		MIDDLE	(	AST			DAY YEAR	2h HOUR
		Thomas		P.	Wer	ndler, Sr.	February	10.1	5 P. M	
3. SE	х		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
Ma	ale		White		MONTH 9	11 1933	52		MONTHS DAYS	HOURS MIN.
-	RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	COUNTRY)					XNEVER MARRIED				
_	aryland	EATL	U.S.A.	LICEDITAL MILIBERNI	WIDOWE	DROTHER INSTITUTION	Baltimore			MD
10 (	III OK TOWN OF D	CAIN		CH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O		E) INDUSTRY	F BUSINESS OR
	dgemere			orth Point		d,	Steel Worl	ker	Armco	Steel
USU.	AL RESIDENCE IF NO	RSING HOME OF		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	710 CODE	411	
	arvland		imore	Edgemere		YES NO TX	7614 Nort			21219
_	THER'S NAME					15. MOTHER'S MAIDEN NAM		2041	10 1000	22223
7	FIRST		MIDDLE	LAST		FIRST	MIDDLE		LAST	
	aul VAS DECEASED EVI	DANILLE AD	MED FORCES	Wendles  166 SOCIAL SECUI		May 17 INFORMANT	ADDRE	cc	Ying	ling
	YES, NO OR UNKNOWN)		E WAR OR DATES	100 SOCIAL SECUI	KITY NO.	17 INFORMANT	ADDRE	33		
Ye	es			213-30-73	315	Patsy S. Wend	dler	Same	e as 13	e
z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO E					NOT RELATED TO THE TERM	IN AL DISEASE OR CONI	DITION GIV	EN IN PART 1:0	
15	, , ,	ERC		MIA						
TIFICA	19g DATE OF OPER	ATION		RENOM!		N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDIN YING CAUSES S	
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH HOUR A.M. MONTH P.M.  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O AT WORK AT WOR			OF INJURY M. MONTH DA M. OF INJURY	Y YEAR	211 LOCATION  5TREE1	RED (ENTER NATURE OF INJUR		ART LOR PART 2)	STATE
	22a I certify that sow the dece			e deceased from		, 19 nd that in (my) (aur) apinion (				that (I) (we) last
	obove, (I) (we	(did) (did no	t) view the body	ofter death.			death occurred on the do	ite and hour		
	Ash W	n. 1	Mehlo	M-3.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		2/11 2/11	1 /
	A SHU		MEL	HTA M	-D	BALTIME	NORTH B ORE MAR	ROAYLAN	DWAY D 2/2	3/

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

(SPECIFY) Cremation

23a. BURIAL, CREMATION, REMOVAL

7922 Wise Avenue

23c NAME OF CEMETERY OR CREMATORY

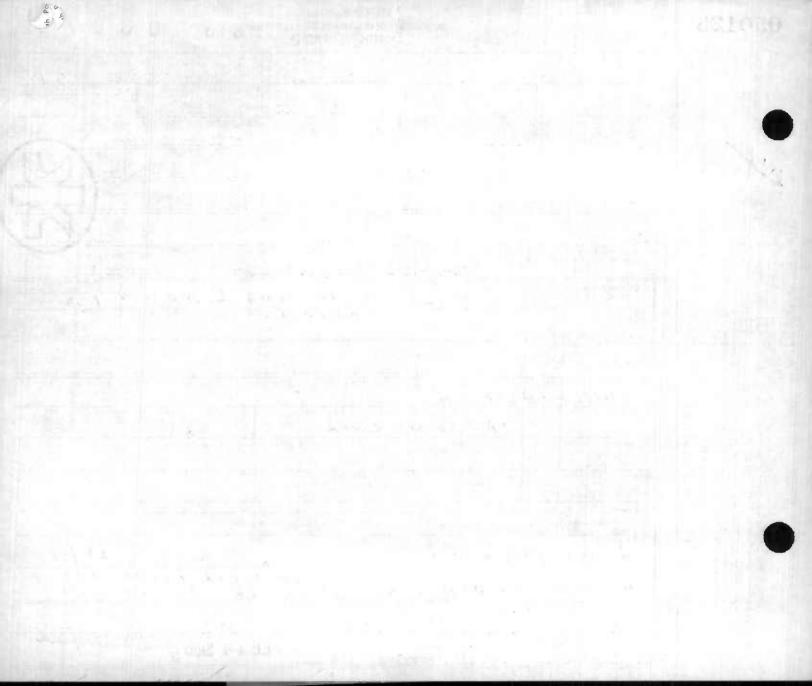
23d LOCATION CITY OR TOWN

2/12/1986 Westview 24 FUNERAL DIRECTOR Duda-Ruck, INc.

23b. DATE

Dundalk, Maryland

Baltimore Maryland
250 DATE RECD. BY REGISTRAN 256 REGISTRAN SIGNATURAL TO THE PER 1 4 1986



		FOR				OF MARYL		1744					
052038	1 -	STATE REGISTRAR		DEPARI		ICATE OF E	MENTAL HYG DEATH	IENE 8	6	0	3	9	1 5
7	1 DE	CEASED NAME FIRST	N	MIDDLE	L	AST		2n. DATE OF	REG. NO.	DINTH (	DAY	YEAR	2b. HOUR
be sta	(TYPE	Charles		н.	Who	eeler			2	2 1	.5 8	36	11:00a M
may b page	3 SE		4 RACE		5 DATE C	F BIRTH						R 1 YEAR DAYS	IF UNDER 24 HRS
s ofte		Male	Caucas	ian	6	6 05 1894			91 YRS MO				HOURS MIN
The state of the s		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		8	D NEVER	MARRIED [	9 BALTIMO	RE CITY OR		OF DE	ATH	
dear 72		Vermont	U.S.		WIDOWE	10	MORCED [	Ва	ltimon	ce Co	ounty	У	MD
hours after der in by the fune filed wirm 7 7		altimore	11. NAME OF P	HOSPITAL, NURSII H FACILITY, GIVE STREET B rookdale	ADDRESS) Road	OR OTHER INST			occupation real most of w red		12b. I INDI	KIND OF USTRY	F BUSINESS OR
A bed	13 <sub>R</sub> S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Balt		136 CITY OR TOV Baltimo	VN			134 STREET ADDRESS 1917 Brookdale Road			đ	21207	
cuted within 2 ompletely fille and 2 should 1	IA FA		narles	Wheele	r		s maiden na/ First ennie	ME	WIDDLE	Wiggins			
e be exec		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE NO —	MED FORCES? WAR OR DATES)	166 SOCIAL SECTION 218-03-3		17 INFORMA Jannet	te W. A	1eehan	1917 Balt	Broc , Mc	okdale Road		
physicia physicia papers. emoval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per D BY E CAUSE (a)	line far tai, thi, as		cnest	carole	conf	Ruiz		-8	APPROXIM STWEEN O	MATE INTERVAL ONSET AND DEATH
quires that the death cert gned by the attending ph please remove carbon pa burial, cremation, or rem njury, or other traumatio		Canditians, if any, which gave rise to immediate cause 101, stating the underlying cause last	DUE TO, OF	R AS A CONSEQUER AS A CONSEQUER	ence of	facto	TO THE TERM	2		SCO SC	VEN IN S	PART III	
he law rei	CERTIFICATION	19a DATE OF OPERATION		TION FOR WHICH				20e AUTC	PSY?	206. IF YES	S, WERE	FINDIN	GS USED OF DEATH? NO
Associan hysician cerufica cerufica transit ntal Hyg		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4	M. MONTH D	AY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NA	TURE OF INJURY I	N ITEM 18, P	ART 1 OR P	ART 2)	
tending planting plan	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE ( (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC }	21f LOCATION STREET	NC		CITY OR TOWN		COUR	YTM	STATE
ATTENCE putal or at ECTOR: for use as for use as m 21 is r		22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na		19		nd that in (my)	(aur) apinion (	, ta	d an the date		19		hat (I) (we) fast causes stated
by the hosp by the hosp ERAL OIR e detached State Dept		226 SIGNATURE Riche		ers			ATTENDING PHYSICIAN	MEDICAL DIRECTOR				Z/16	
TO HOSPITA retained by the TTO FUNERAL should be deta with the State		224 PHYSICIAN'S NAME TYPEO	ARD A.	BERG		Sidesu		ncentre E	est: 177	21205	feste.	-nld	
BP	23e. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 2/18/8			EMETERY OR	CREMATORY Cemetery		TION	nel	COUNTY	0	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FL	UNERAL DIRECTOR Alan Seitz, Jr	10=30	381	.8 Rol	and Ave	25 P. DATE	REC'D. BY R	B6	Bal Marks	RARIS S	ore,	IRE OF C

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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•	REGISTRAR				CERTIF	ICATE	OF DEATH		REG. N	0.		
	CEASED NAME	FIRST	-	MIDDLE	L	AST		20. DATE OF		MONTH	DAY YEAR	2b HOUR
LIABE	OR PRINT)	MARI	3	A.	WHE	ZLA.	U	100	1-3	2-	10-86	8:25 AM
3 SE	X		RACE	1-1-1	5 DATE C		AY YEAR	6 AGE (IN Y	ARS LAST BIR	THDAY)	MONTHS DATS	HOURS MIN.
FE	MALE		WHITE		JULY			88		YRS.		The state of the s
	RTHPLACE (STATE OR F	OREIGN 76	CITIZENOF	WHAT COUNTRY?	8.			9 BALTIMO	RE CITY C		TY OF DEATH	
	RYLAND		USA		WIDOWE		DIVORCED	BALTI	MORE	COLIN	TV	MD
-	ITY OR TOWN OF DEA	TH 11	NAME OF	HOSPITAL, NURSIN	G HOME C			120 USUAL C	CCUPATI	ION	12b. KIND C	OF BUSINESS OR
CA	TONSVILLE	Acie		THAVEN N		G HO	ME	HOUSE!		OF WORKING	OWN H	IOME
130. 5	AL RESIDENCE (IF NURS STATE RYLAND	136 COUNTY BALTI	1/	GIVE RESIDENCE BEFORE 13t CITY OR TOWN BALTIMOR	N	13d INS	DE CITY LIMITS?	13e STREET A	DDRESS .	ZIP COL	DE TREET 21	203
9	ORGE KEMP	MID	DLE	LAST		15. MOT	HER'S MAIDEN NA	AME	WIDDLE		LAS	\$1
	VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFO	RMANT		ADDR	ESS		
NO	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	220-44-7	160	MR.	JAMES J	. WHELA	N 90	3 ST	. CHARLE	S AVENUE
	Conditions, if any, gove rise to imm cause (o), statin underlying couse	nediote ig the	DUE 10, 0	RAS A CONSEQUE A SCUP RAS A CONSEQUE	NCE OF		SEASÉ MHA				ye ye	us)
CERTIFICATION	PART 2 OTHER SIGN			ONTRIBUTING TO D				200 AUTO		20b. IF Y	ES, WERE FINDE	NGS USED
MEDICAL CER	21a. ACCIDENT WAS UNE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE WHILE WHILE AT WORK AT WO! 22a   certify that (!) Sow the decesse above, (!) (we) (c) 22b. SIGNATURE  22d. PHYSICIAN'S NA	CAUSE OF DEATH CAL EXAMINER) RED  III.E  (this hospital ed alive an did) (did not)	P. 21e. PLACE (AT HOME STR ) oftended th 2	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE FA e deceosed from 19	19 ARM ETC J	211 10	CATION STREET  . 19 83  (my) (our) opinion  ATTENDING PHYSICIAN    DRESS	to	city or to	own ote and he	COUNTY . 19 86 .	
	MLLA	~ 4	MAC	INT MO	)	10	1 WESY	RAR	10	57	2/20	1

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for with the State Dept of H

230 BURIAL, CREMATION, REMOVAL

BURTAL

24 FUNERAL DIRECTOR

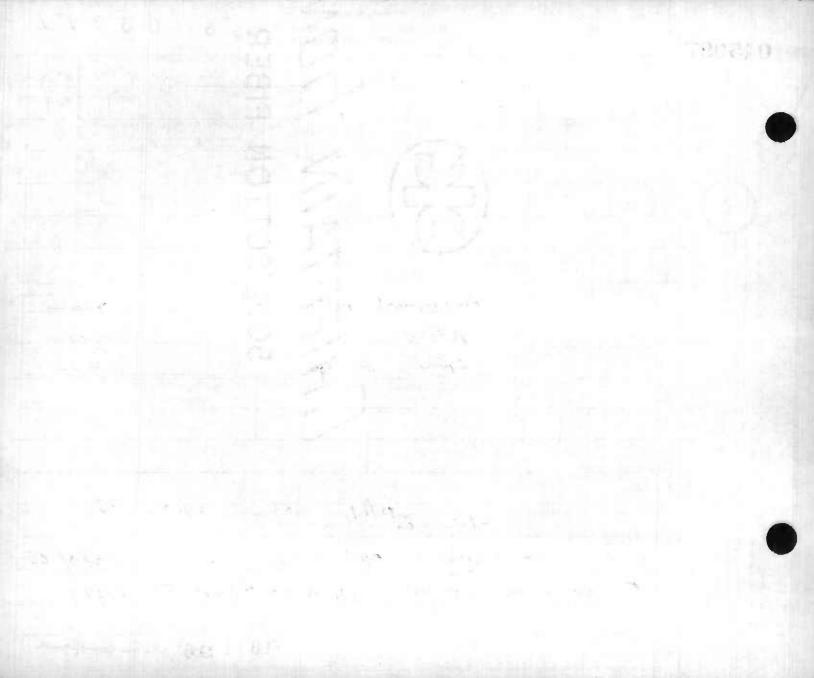
AMBROSE FUNERAL DOME 1328 SULPHUR SPRING ROAD

02/13/86

236. DATE

NEW CATHEDRAL CEMETERY BALTIMORE CITY MARYLAND REGISTRAR 25h REGISTRAR'S SIGNATURE

23d LOCATION



poge 3

05.2032 1 - FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	6 REG. NO.
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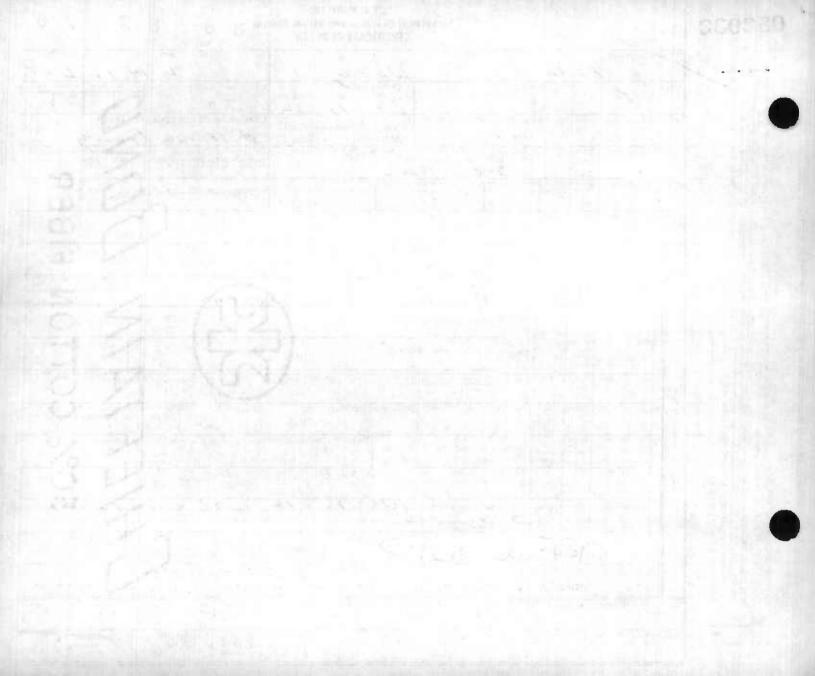
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	REGISTRAR				CERTI	ICAIL OI D	LATIN		REG. NO	).				
	PASED NAME	FIRST		MIDDLE	,	AST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	JR
3V	A	elen	Р.		Wh	itimi.		23316		2,	14	96	2.	20 M
3.5E)	( _	4	RACE		5. DATE C			6 AGE (IN Y	EARS LAST BIRT	HDAY)		ERIYEAR	IF UNDER	
	7-	E	Black		MONTH	DAY	YEAR	7	-3	YRS	MONTHS	DAYS	HOURS	MIN.
Z-BI	RTHPLACE (STATE OR F	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8		Y	9 BALTIMO	RE CITY OF		Y OF DE	ATH		
Md	OUNTRY		J.S.A.			D NEVER M		120	Elm	-	0	4		
_	TY OR TOWN OF DEA	TH 1	1 NAME OF I	HOSPITAL NURSIN	WIDOWE		ORCED	12a USUAL			124	KINDO	E RIISINI	MD.
To	wson	_	(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	JA OTTIER WOOT		Domest						ESS ON
Md	AL RESIDENCE (IF NURSI STATE	Balto	THER INSTITUTION Y	Balto .			ио 🖺	54TOETM	NODRESS T	A468	<sup>DE</sup> Ave	. 21	205	
	nlnown	м	DOLE	CAST		Unkné		ΛE	MIDDLE			LAS1	1	3.21
no	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	166. SOCIAL SECU 214-18-		17 INFORMAT Sandra	Henson	5400M	ADDRE		Ave	•	T	
	IS CAUSE OF DEATS	H (Enter only	ane cause per									APPROXI BETWEEN C	MATE INTE	RVAL
	PART I. DEATH W	AS CAUSED	BY:			FTHE	DAL	1001-	20					
		IMMEDIATE	CAUSE (a)	TANCE	0 01	THE	1.17-12	CKE						
			DUE TO, O	R AS A CONSEOU	ENCE OF									
	Conditions, if any, which													
	cause (a), stating the DUETO, OR AS A CONSEQUENCE OF													
	underlying cause	last.	(c)_											
	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM!	IN AL DISE AS	E OR CONI	DITION G	IVEN IN	PART 110	a ·	
CERTIFICATION														
AT	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTO	OPSY?			EFINDIN		
IFIC								YES 🗆	поп		TIFYING (	CAUSES	OF DEA	
ERT	21g. ACCIDENT WAS UND	ERLYING	21b. TIME O	FINJURY		21c HOW IN	URY OCCURR					R PART 21	110 [	
	OR CONTRIBUTING		HOUR A.	M. MONTH D	AY YEAR			10101611	TORE OF HYJOR					
ICA	(1F EITHER NOTIFY MEDIC		Ρ.		19									-
MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATIO	N		CITY OR TO	WN	cc	YTHUC		STATE
•	AT WORK NOT WH	RE L									2			
	22a.1 certify that (1)	(this hospito	I) attended th	e deceased fram_	12/	20/86	, 19 6	, to	2/15	/	. 19_	26.1	that (I) (	we) last
	saw the decease above, (1) (we) (d	d alive an_	view the body	ofter depth	a, ar	nd that in (my)	aur) opinion d	death occurre	d on the do	te and ha	out and f	ram the c	causes st	ated
	226. SIGNATURE	100	A	arrer deam.	_	DEGREE					27	2c. DATE	SIGNED	
	0	1040	iulic	uern	N	P	TENDING HYSICIAN		PHYSIC	IAN []				
	22d PHYSICIAN'S NA				363.31	22e ADDRESS	Stell	la Mar	is Hos	spice	1			
	Ke	endall	R. Fat	ılkner, M	.D.	2300 D	ulaney	Valle	y Rd.	- To	wsor	ı, MI	) 21	204
	URIAL, CREMATION,	REMOVAL	236. DATE 2-17-8	230	NAME OF C	EMEJERY OR C	REMATORY	Balte	MOITA		λ.	1.2		
Bu	rral		2-1/-8	ob Pa	rkwoo	a Cem.		parte	J. TOWN		coul	161 •		STATE
24 -FL	UNERAL DIRECTOR -	T	- 61.15	Dalada	D.4		250 DATE	E RECEDERY A	EGISTRARI	NIOREGIS	STRAR'S	MANDLE	upp-//	PRODUCTO
JC	NERAL PIRECUPATION	ler in	c. 0415	Bergre.	• D.Z.			LED.	0 19	50	Charles 40	Land September		
										U				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.



BALTIMORE, MARYLAND 21201

PRESTON ST.

201 W.

DIVISION OF VITAL RECORDS,

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 **CERTIFICATE OF DEATH**

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17	V	4"	

- 1							REG. NO				
		CEASED NAME FIRS	T A	NIDDLE	Ü	sī t	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR	
	line	Virgin	ia L		Whitt	aker	February 2	4 198	6	3:30am,	
	3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS	
		Female	White		May	2 DAY 1922 YEAR	53	YRS	ONIHS DAYS	HOURS MIN.	
,		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR		OF DEATH	200	
1		W. VA.	USA		WIDOWE	DI NEVER MARRIED DI DIVORCED	Baltimore	Count	у	MD	
	10 CT	TY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSIN	NG HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND O	F BUSINESS OR	
7	E	Ssex	413 Jo	hn Ave	ADDRESS)		Retired-Fe	deral	Gover	nment	
		AL RESIDENCE (IF NURSING HO									
8	110 3		Balto.	Essex	/N	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	Ave.	21221		
	I4 FA	THER'S NAME		4		15 MOTHER'S MAIDEN NA					
4	)	Ralph	Po	well AST	16.0	Lorena	WIDDLE	Gamb	le (AS)		
ĭ	16a W	VAS DECEASED EVER IN U.		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRES	S	1	The Name	
	(1	no   (IF YES, GIVE WAR OR DATES)   216-16-3063   Dennis Whittaker 413 Jo							. 2122	1	
		18 CAUSE OF DEATH Ent	er only one couse per	line for (a) (b) on	dic				APPROXI	IMATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY									
		IMME	DIATE CAUSE (a)	MILKER	mus	forman 1	MANNEN	2	-		
		DUE TO, OR AS A CONSEQUENCE OF									
	120	Conditions, if any, which ( (b)									
		gove rise to immediate									
		couse (o), stating the underlying cause last									
2		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								0.1	
	Z										
0	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?				
7	띮						IN CERTIFYING CAUSES OF DEATH				
4	ERT	21a ACCIDENT WAS UNDERLYIN	IG   21b TIME O	F INJURY		21c. HOW INJURY OCCUR			NO []		
1	AL C	OR CONTRIBUTING CAUSE	110110 4	M. MONTH D.			(English and a second				
	S.	(IF EITHER NOTIFY MEDICAL EXA			19	In accation					
	MEDIC	21d INJURY OCCURRED	21e PLACE (	OF INJURY BET, FACTORY, OFFICE, F	FARM, ETC )	211 LOCATION STREET	CITY OR TOW	IN	COUNTY	STATE	
	-	AT WORK AT WORK								Tuesday.	
	20	220.1 certify that (1) (this	hospital) ottended the	e deceased from_		. 19	, to		9	that (I) (we) last	
		saw the deceased alive on									
		22b. SIGNATURE	0 1		(	DEGREE	/		22t. DATE	SIGNED	
			SVVU	uer	N	ATTENDING PHYSICIAN	MIDICAL STAFF		1016	24/84	
		224 PHYSICIAN'S NAME (	TYPE OR PRINT)			22e ADDRESS	. 1		1		
		S. Mili	1cr, Mf			704 Ea	stern VD	LVCA	121	2,211	
	23a B	URIAL, CREMATION, REMO	OVAL 236. DATE	230 1	NAME OF CI	METERY OR CREMATORY	23d LOCATION				
		SPECIFY) Burial	2/26			of Faith	Rossville	Balt	o Mar	yland"	

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR: after this certificate ho should be detached for use as the burial-transit prewith the State Dept of Health and Mental Hygiens

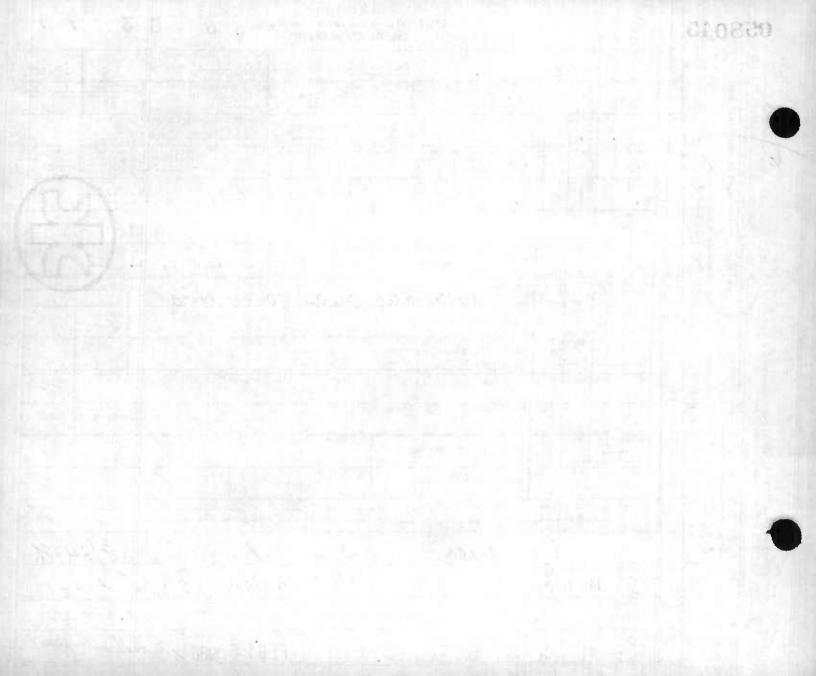
IMPORTANT If Hem 21 is

24 FUNERAL DIRECTOR (VRA 15, 4)

Connelly Funeral Home

ADDRESS 21221 300 Mace Ave.

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE FFR 2.5 1086 Guha Dandon Manden



045021

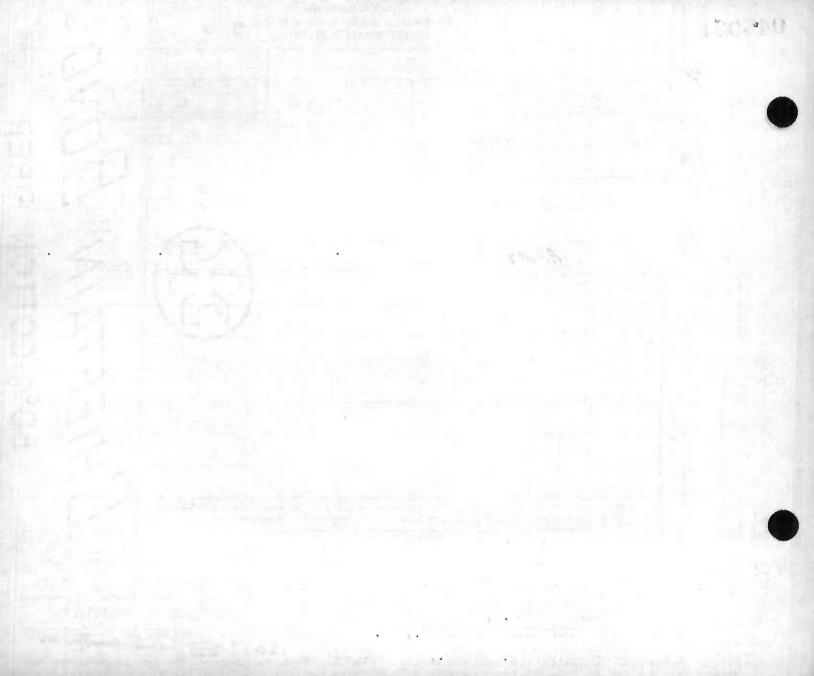
### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 3 9 8 0

1		REGISTRAR XC	0465	7066		CERTIF	ICATE OF DEATH	REC	S. NO		1 1
1		CEASED NAME	FIRST	7000	MIDDLE	ı	AST	20 DATE OF DEAT		DAY YEAR	2b. HOUR
V	-		ROBER	Т	NMN	W	ICHNER	FEBRUARY	5, 198	6	12:45 <sup>A</sup>
1	1:5E×			4. RACE		5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1	N	MALE		WHITE		JANU	ARY 31, 1906		80 yrs	MONTHS DAYS	HOURS MIN.
A	7a BIF	RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNT	OF DEATH	
	NI	EW YORK		U.S.		WIDOWE		BALTIMO		TY	MD.
×	ii CI	TY OR TOWN OF DEA	ТН	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCU			OF BUSINESS OR
S	10	ORT HOWARD			DICAL CEN			CHAUFFE	UR	BWI A	AIRPORT
Д	188.78 186, 5	AL RESIDENCE (IF NURS	136 COUN	YTY	130 CITY OR TOW	ADMISSION)	134 INSIDECITY LIMITS?	13e STREET ADDRE			21.271
1		ARYLAND	KXK	XXMMXX	BALTIMO	RE	YES X NO	2135 E.	FAIRMO	UNT AVE	ENUE 21231
И	14 FA	THER'S NAME FIRST		WIDDLE	LAST		15 MOTHER'S MAIDEN N	MIDE		MARI	ζIN
(	1	MAX		MN	WICHN		BERTHA	NM			KIN
	6a W	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	MRS PRAJEAN W				
1		YES	WORLD	WAR II	216-03-	5189	&KXNX&AKXRE	MAXXX RUNDS	&XXXQRX	XHQHARD	EXXMR
Г		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)								BETWEEN	ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CARDIORESPIRATORY ARREST									
1	DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which ( b) STROKE									
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									
1		underlying couse lost (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE									
1		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN									(a
J	o l	MALNUTRITION; SEIZURES									
7	CERTIFICATION	90 DATE OF OPERA	TION			OR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b IF YES, WERE FINDINGS UIN CERTIFYING CAUSES OF D		
+	E							YES NO		ES [	NO [
2	8	21a ACCIDENT WAS UNE	-	216. TIME C	FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
4	4	OR CONTRIBUTING		VIH.	M. MONTH DA	19					
	WEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	6.71	OR TOWN	COUNTY	
1	2	MILE NOT WH	ILE	(AT HOME ST	REET FACTORY OFFICE, FA	ARM ETC )	STREET	CIIT	DK I OWN	COONIT	STATE
	P			tol) attended th	e deceased from_	DECEM	IBER 10 19 85	to FEBRU	ARY 5	19_86	that X (we) last
1		saw the decease abave, (X (we) (	ed alive on	FEBRUA	RY 5 19	86 , ar	nd that in (nX) (aur) opiniar	n death occurred on t	ne date and had		
		22b SIGNATURE		t view the bady	after deoth.		DEGREE			22¢ DATE	SIGNED 1986
		(	Whi	me	mo		ATTENDING	MEDICAL DIRECTOR PH	STAFF X	EEDDI	JARY 5.
Н		226 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRES				220 ADDRESS	_ DIRECTOR _ PA	TSICIAIV	IL EDIC	JAKI J,	
1		ALEJAND	RO J.	RIVARO	LA, M.D.		VA MEDICAL	CENTER. FO	RT HOWA	RD. MD	21052
1	230 B	BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY			,	
		SPECIFY) BURIAL		FEB.6,	1986 BN	AI IS	SRAEL	BALTIN		°MARYI	LAND STATE
	24 FU	JNERAL DIRECTOR	SOL	LEVINSO	N & BROS.	,INC.		ATE REC'D BY REGIST	RAR 25b. REGIS	TRARIS SIGNAT	TURE A DICE
	6	010 REISTE	RSTON	IN RD.	BALTO. M	(D)	21215	EB 1 1: 198	6 Grena	don'-	f para
-									4.5		

DHMH - 16 60M 7/84 (VRA 15, 4)



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111		(TYP	E OR PRINT)	OR MIT	CDINE		7\		TAT T T	LLIAMS		OF DEATH M	ESTI-	72-7-			1200.
PLEASI	DIRECTOR.  OUR FILES.  10 72 HOURS  STON STREET,	3. SEX	4 RAC		ERINE  S DATE OF BIRTH		A.	RS IF UNDE					NATED L	JK. /	DAY	19 YEA	/
20	SE SES	J. SEA			5 18	39	AS BIRTHDA		DAYS	HOURS		ONOUNC	ED	MONTH	DAT	754	14 1100
××	828	1	DIA	CK	) 10	27	40 YE	S.		177.5		DEAD		2-7-	-86	19	B:151
187	を発生を		RTHPLACE (STATE OR REIGN COUNTRY)		76 CITIZEN OF WH		TRY?	8 MARRIED	☐ NEV	VER MARRI	ED . 9.	BALTIMO	RE CITY	OR COUN	NTY OF E	DEATH	
(2)	773		M	ld.	US	A	100	WIDOWED		DIVORCE	- 2	Pal.	timo	ra Cr	nints	7	TAA.
10	THE WAY	4,2	TY OR TOWN OF DE	ATH	11. NAME OF HOSE			OR OTHER	INSTITUT	TION		L OCCUPA	LTION (TYP	E OF WORK	12b K1	ND OF E	
(3)	製造シン	1	Toracon		St. JO		S HOSE	ital			Tele	rong	ne I	nter	rvie	Mei	JRY
- 8	n San O		TOWSON	URSING HOME O			BEFORE ADMISSIO	IN)	111		/			- 4	111	17	-7 11
2120	2836	13a S	5.4.5	136. COUNT		13c CITY	OR TOWN	13	d. INSIDE CII	ITY LIMITS?	13. STREE	ADDRESS	5	= - 9	7	T-2	34
2 7	3.5		Md.	ba.	lto.	Par	kvill		YESK			DOTI	nous	Te (	Ct.	1-6	
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IM ER	A See /	16a V	VAS DECEASED EVER	IN U.S. ARA	AED FORCES? WAR OR DATES!	16b. SOC	IAL SECURITY	NO. 17	. INFORM	TAANT			ADDRESS	5			
ALT ALT	MITH F		No			213-	40-21	41 (	lath	erin	е Му	ers	315	Len	nox	Ave	
7 5	88 ¥ 6		18 CAUSE OF DEA	TH (Enter anl	y one couse per line	far (a), (b)	, ond (c).)								AI	PPROXIMA	TE INTERVAL
S S	IN ITEM 18 2 ALONG V ISIT PERMIT HYGIENE, I MOVAL.		PART I DEATH W		BY: E CAUSE (a)	Spizu	re dis	order							8214	VEEN OIL	ET AND DEATH
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	ER A NSIT EMC	1	Conditions, if			13-											
× ×	A PARA		gove rise to couse (a) stating		DUE TO, OR	AS A CON	SECULENCE C	E	-			-			-		
TED			lying cause lost				ordor, ice										
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL	FENDING" IN INTERPRETATION, CREMATION,	z	TART 2 OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO UEATH S	UI NUI RELA	TED TO THE TERM	NAT DIZEAZE OF	CONDITION	Y GIVEN IN PAR	11 1 10						
EC B	A - A W . W .	CERTIFICATION	19a, DATE OF OPERA	ATION	TIAL CONDIT	IONI FOR I	WHICH OPER	TIONING	DEDECOR	AAED3					las i		
VITAL RE	CHIEF CHIEF TOF HE	2	The DATE OF OFER	411014	198 CONDII	IOIN FOR V	WINCH OPEK	ALION WAS	FERFOR	MED:					20 A	LUTOPS	17
¥ 3	0 8 5 8 -	Ē	AL SYTERIAL CALL	CCMAC		4-1										YES 🗌	NOX
O P	A PARTY A		210 EXTERNAL CAU		216 TIME OF HOUR A.M.		DAY YEAR	21c HOW	INJURY	OCCURRED	) ENTER NAT	TURE OF INJUR	RY IN ITEM 18	PART I OR P	PART 2)		
ON SE	SA SO	3	CONTRIBUTING	CAUSE OF D			19										
VISI VISI	VRITING THE WORL ARDED TO THE CH CE 3 SHOULD BE U TE DEPARTMENT O 201 PRIOR TO BORR	MEDICAL	214 INJURY OCCUR	RED	21e PLACE C STREET, FACTO	OF INJURY	(AT HOME,	211. LOCA STRE				CITY OR TOWN			OUNTY		STATE
= = =	AR SEE	2	WHILE NOT AT WORK	VORK	)	J	C 1	-				III OK IOWN			OUNIT		SIAIC
<u></u>	EXECUT THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNKAL DIRECTOR: PAG AFTER DEATH, WITH THE STAY BACTIMORE, MARYLAND, 21;				e of the remains desc	alle a die la co	- h-11	Autopsy			X.				LUI		
2	SEDEN				523					Inspection		Inquiry L		nd in my c	opinion		
A 3	CERTIFI UID BE DIRECT WARYU		death resulted from	n: Natur	al couses X.	Accident	L, Sui	ide L.	Hamici		Undeterr	nined mon	ner				
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MED	W DE W		EXAMINER'S NAME														
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	DHMH - 17		NERAL DIRECTOR		ADDRESS				2	250. DATE R	EC'D. BY RE	GISTRAR	25b REG	STRAR'S	SIGNAT	URE	
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						STATE	OF MARYLAND					
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моу	b d		3. SE)		4 RACE	5 DATE O		6 AGE INYE	EARS LAST BIRTHDAY)	IF UNDER	RIYEAR II	F UNDER 24 HRS
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100	120	0	$\Box$	ARYLAND	U.S.A.	WIDOWE	DIVORCED		ittimore	- Co.	INU	MD.
1	11	X	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVES	TREET ADORESS)	1		CEOR MOST OF WORKIN		KIND OF B USTRY	BUSINESS OR
10 1	25	0		LESIDENCE (IF NURSING HOME OR	St. JOSEPH		Mal	HII	HOME		0.0	221
4		35	13a S	MD. BAL		OWN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET A	SHARFOR	DE Rd	011	234
- 1	1	4	14 FA	THER'S NAME	AIDDLE LAST	10	15. MOTHER'S MAIDEN N					
D	表的	30		JOHN W	illiam Di	TMAN	MARY		H. A.	5	KA:	5
9	7 4	1		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT	^	ADDRESS			
2	Pop	/	-1	10		.6599A	FAMILY	1 RECO	ROS			
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he c	ne go	7	CERTIFICAT		The Control			YES 🗆	NO IN CE	RTIFYING C		NO 🗌
Z	SOTO		CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCU	RRED (ENTERNA	TURE OF INJURY IN ITEM	18 PART I OR F	PART 2)	
SICIA	S certification of the Mentol	4	CAL	OR CONTRIBUTING CAUSE OF DEA		19						
PHY	£ . m		MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE FARM, ETC }	211 LOCATION STREET		CITY OR TOWN	cou	YINI	STATE
2	os the			AT WORK NOT WHILE AT WORK	The state of the s		- 1	1	2 /	- 0	1	
QN	USe Heol			22a I certify that (I) (this hospit	1 1.	77	196	6_, to_d	-4	1900		ot (I) (we) lost
ATTA	d for	7		sow the deceased alive on above, (1) (we) (did) (did not	view the body ofter death.	- 0	d that in (my) (our) opinion	n death accurred	on the date and			
S S	DIR	b = =	m	226 SIGNATURE	dula di	11/1	DEGREE ATTENDING	A MEDICAL	* STAFF	220	DATESIC	4-86
ITAL	NERAL [ be deto e Stote [			724 PHYSICIAN'S NAME (TYPE OF	DOBINTI	12	PHYSICIAN		STAFF PHYSICIAN			
HOSP	0 3000			49	LADI, MID.		7600 0	SLER	Dr. 7	ows.	ON	21204
5	should with the	1	23e B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CI	METERY OR CREMATORY	23d LOCA				
В	P		B	URIAL	FSB.7 198L	PARKI	non Esmete	RY POR	ORTOWN RKV.1.15	RAIT	O. M	JARY AN
DHAA	DHMH - 16 60M 7/84			NERAL DIRECTOR		.8800	Pr Chell I	all arm	EGISTRAR 256. REC	SISTRAR'S S	IGNATUR	
	(VRA 15, 4)	704	21	PANS CHAPSL	OFM2MORIS	22		EB071	986 June	المالية	m-Non	بالاخالات
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	1-	FOR STATE REGISTRAR			DEPARTA	CERTIF	HEALTH AND MENTAL HYG FICATE OF DEATH	HENE 8 6	0 NO.	3 9	8 5
042103		Charles Ch	arles	Loui	s Will	is	Att	Pebru		, 1986	76 HOUR
	1.58	x Male		White		Octo	ber 15, 1912	73	RETHDAY) YRS.	MUNICESTALAN MONTHS DAYS	FUNDERSHAE
0 15	M	aryland		USA	WHAT COUNTRY?	WIDOW	Table 1	Baltimor			M
	Mic	ddle River	2122	0 4	370 Keene	ra Ro	ad 21220	Galvanize	LT OF WORKING UP	SECTION AND ADDRESS OF THE PARTY.	F BUSINESS OF
	The:	AL RESIDENCE IV NORS	DITAL COURS	timore	Middle R	iver	THE INSIDE CITY LIMITS?	13 STREET ADDRES	s / ZIP CODE	oad 212	20
TO B		Frank	274.0	Villis	Last	4	Annie	C. Glos	ssner	145	
TIMORE he exects to and c		WAS DECEASED EVER 145. NO OR UNKNOWN		MED FORCES?	213 07 4		Charlotte L.		(Daug)		Same
55, 201 W. PRESTON 5: vives that the death cert igned by the attending wan please remove carba as burial, cremplion, as re- jury, or other manneris e	Z	Conditions, if any, gave rise to inn coste to inn coste to inn coste to inn coste to the part 7. OTHER SIGN	which mediate ing the	DUE 10.0	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	ENCE OF	ACCUMENT.	0	ONDITION GA	VEN IN PART 1	0
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Oak Lawn Cemetery

2/10/86

STATE

Baltimore County, Md.

Date REC'D. 89 REGISTRAR 256 REGISTRAR'S SIGNATURE

FROM 7 1086 Publication forms

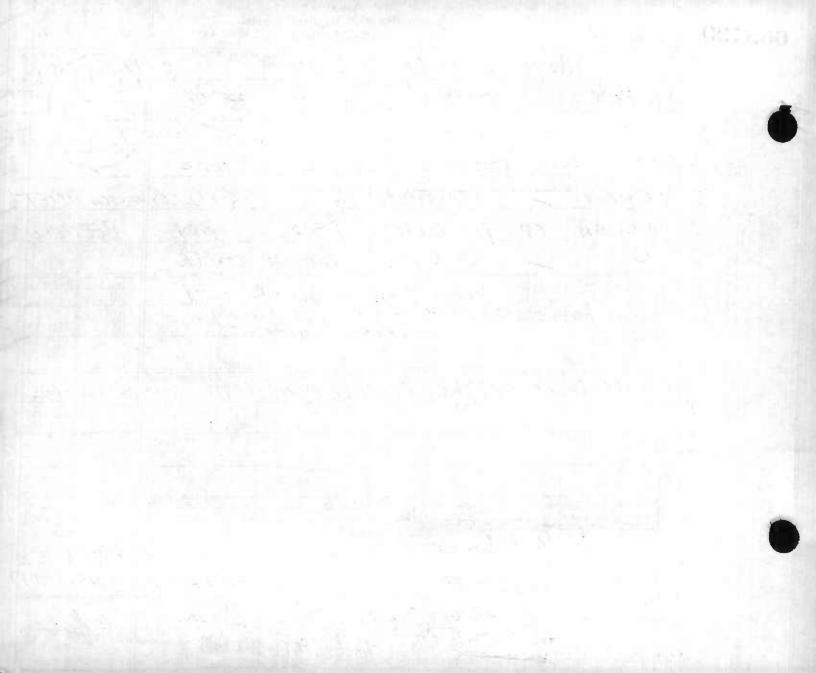
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DHMH - 16 60M 7/84 (VRA 15, 4)

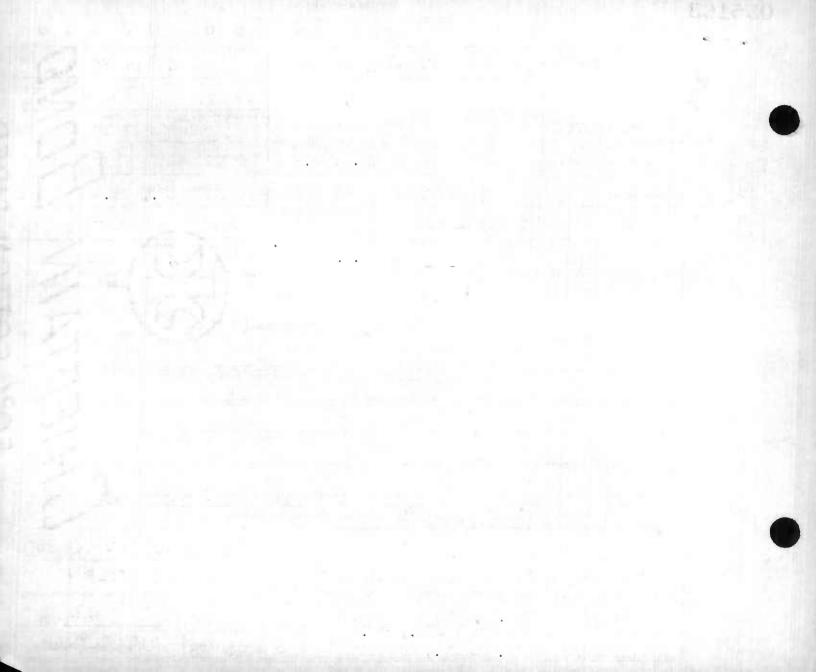
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BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	FEB.18,1986 0		23d LOCATION CITY OR TOWN  BALT IMORE	COUNTY STATE  MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)	24	NAME	WN RD. BALTO.,		TE REC'D BY REGISTRAR 256 REGISTR	AR'S SIGNATURE



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REGISTRAR

DECEASED NAME

MAKE

COUNTRY

Maryland

SUAL RESIDENCE IF

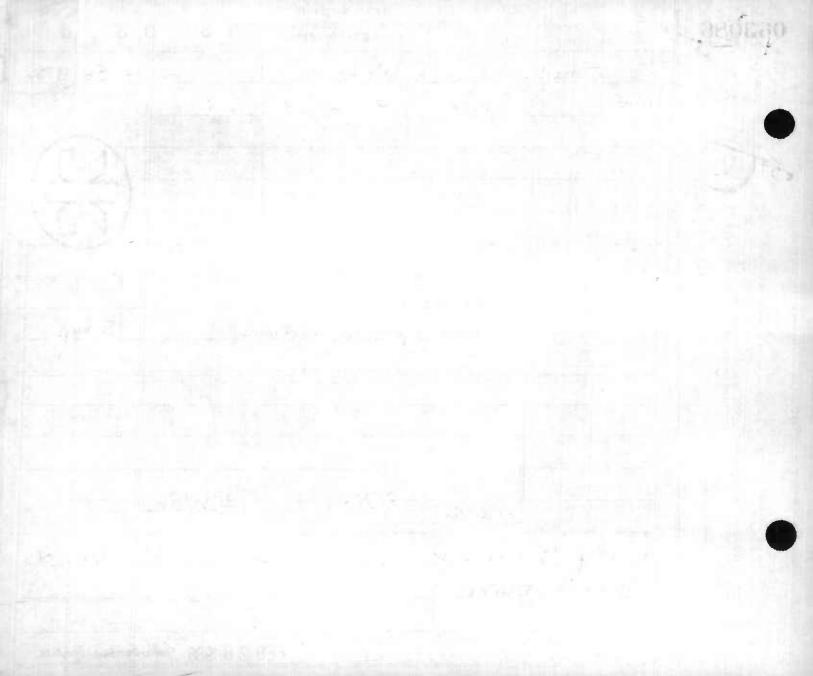
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH YEAR 26 HOUR mallwood & AGE (IN YEARS LAST BIRTHDAY) 23 White 62 YRS Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED | Baltimore County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Randallstown Baltimore County General Hospital Administrator 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? NO SC 21207 Baltimore Baltimore 7203 Diana Place 15 MOTHER'S MAIDEN NAME MIDDLE LAST Leaf Wolfe Pearl Casson ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Baltimore MD 21207 (IF YES, GIVE WAR OR DATES) Mrs. Ellen Wolfe 7203 Diana Pl WW 2 219-16-4536 BETWEEN ONSET AND DEATH EUCOSTASIS IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Leekemia Muplocutic DUE TO, OR AS A CONSEQUENCE OF 20b IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 21b. TIME OF INJURY 11c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Maryland 4 FATHER'S NAME Smallwood 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN Yes 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the decayled from sow the deceased alive on\_ obove, (1) (we) (did) (did rul, view the body ofter death Johns Hopkins Hospital 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23h DATE (SPECIFY) 2-27-86 Lake View Memorial Pk. Eldersburg BP. Burial Carroll 24 FUNERAL DIRECTOR Loring Byers Funeral Directors. Inc. 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR 256 PREGISTRAR 256 PREGIS 8728 Liberty Rd. Randallstown, MD 21133 (VRA 15, 4)

DHMH - 16 60M 7/B4



		FOR
ı	-	STATE
		REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.					

		KEOTOTKAK					REG. N	O.		
		CEASED NAME FIRST	A	MIDDLE		1ŽA.	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		Helen HARV		druff			February	24,	1986	2:00 Pm
	3 SE)		4 RACE		5 DATE O	A DAY YEAR	6. AGE IN YEARS LAST BIR	THDAY)	MONTHS DATS	HOURS MIN.
	1	Female	White		Marc	ch 22, 1905	80	YRS.		
6	7a BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
$\mathbf{Z}$		Maryland	U.S.A		WIDOWE		Baltimo	re Co	unty	MD.
8	10 CI	TOWSON	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, OSEPH HOS	ADDRESS)	DR OTHER INSTITUTION	12ª USUAL OCCUPAT ITYPE OF WORK FOR MOST OF Homemaker			OF BUSINESS OR
5	130 5	AL RESIDENCE (IF NURSING ) TATE TYland	OF OTHER INSTITUTION.		ADMISSION)	134 INSIDE CITY LIMITS?	353 Homela	zip cou	oe outhway	21212
1	I4 FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
1	J	ohn S. Harvey	MIDDLE	LAST		Della Sew			LA!	18
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		underlying cause last	(5)	Antero	Silen	the Carolina	sculon der	Zare	Yn	1
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1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF Y	ES, WERE FINDE	NGS USED OF DEATH?
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7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	KED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
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		AT WORK AT WORK								
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		Doroll	Work	er MI	)		MEDICAL STA			15/86
		22d. PHYSICIAN'S NAME (TV	- //			27e ADDRESS				
		Dr. Donald	I. Weglei	n		222 W. Cold S	Spring Lane	, Ba	ltimore	, Md.
		URIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
_	C	remation	02/25/	1986   We	estvie	ew Memorial	Baltimor	e. M	arvland	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Burgee-Henss Funeral Home, Balto., Md. 21211

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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10000000000000000000000000000000000000	). SEX		4. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER		DATE	MO	ONTH DA	Y YEAR	2d HOUR
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A SESTINA	7a. BI	RTHPLACE (S	ATT OF	76. CITIZEN OF WE				IED X NEV	/ED AA ADDIE	9 B/	ALTIMORE CI	TY OR CO		DEATH	
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17	WCI	TY OR TOWN	OF DEATH	11 NAME OF HOS	PITAL, NE		, OR OTH	IER INSTITUT	TION	120 USUAL C	OCCUPATION OF WORKING LIFE	(TYPE OF W	VORK 12b F	KIND OF BUI	SINESS
100	1	Towson	1			h's Ho	spita	al	7.00		rineer	)	111111111111	the S	
37/	SUA 13a. S		(IF IN NURSING HOME (	OR OTHER INSTITUTION, GI	VE RESIDENC			13d. INSIDE CI	TV ( MAITE)	13e STREET A			(1)	Tulls	61
19			niaNorth		1	hlehem		YES 🗌	NO		Hender	rson	st 1.	18017	
59/1	14. F/	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDE		MIDDLE	DOM			
111		Jose	ph A.	Yanko	vich				Mary		WIDDLE	Te	rplar	1 (45)	
-	16a V	VAS DECEASEI	DEVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORM		-	ADD	RESE 1e	hem F	Pa. 18	018
3		No	(11 123, 0112	WAR ON DATES!	200	6-28-00	91	Conne	11 Fur	neral H	Home, 1				
0	1	18 CAUSE O	F DEATH (Enter or	ly ane couse per line	for (o), (b	o), and (c).)								APPROXIMATE TWEEN ONSET	INTERVAL
E E		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)	Seizu	ure Dis	orde						00	I WEEN ONSE!	AND DEATH
10 V S		No. 10			AS A CO	NSEQUENCE	OF								200
AZ A			ns, if any, which se ta immediate												
ŏ		couse (o)	stating the under-	<	AS A CO	NSEQUENCE (	OF		1115						
00 00		lying cou	ise iast,	(c)											
AAN		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERM	INAL DISEAS	E OR CONDITION	GIVEN IN PAR	T 1 (a).					
8_	CERTIFICATION		Myoc	carditis											
7	CAT	190 DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?				20	AUTOPSY?	
MENT OF HE TO BURGAL	TIF				NO.									YES XX	NO 🗆
22		210 EXTERNA	AL CAUSE WAS	21b. TIME OF HOUR A.M		DAY YEAR	21c H	YAULMI WC	OCCURRED	) (ENTER NATUR	E OF INJURY IN ITE	EM 18 PART 1	OR PART 2)		
8	MEDICAL	CONTRIBUTI	NG CAUSE OF		the second second	19									
8	AED	21d INJURY C	OCCURRED	21e PLACE C				CATION		CITY	ORTOWN		COUNTY	I Kills	STATE
120	~	AT WORK	NOT WHILE [										2001111		GIAIL
0				ge of the remains des	ephed ob	♣e, held on	Autop	sy XX.	Inspection	D. In	quiry .	and in r	my opinion		
3		death results		rol comer XX	accident		icide /	, Hamici		Undetermin	Г	7.			
À			110	100	A	+	7.0	MOLE ISE							
×	100	SIGNATURE	Velle	uno /	UNU	us	1/14	dassi	stant	MEDICAL	EXAMINER	D	IGNED_	2-19-8	36
2 KG E	1	EV		0.	A.C.	1						- 1- 1			
X		EXAMINER'S (TYPE OR PRIN	NAME Den	nis F. Smy	th,	M.D.		ADDRESS_	111	Penn S	t., Ba	lto.,	, Md.	2120	)1
9	23a. B!	URIAL, CREMA	TION, REMOVAL	73b. DATE	23с.	NAME OF CEA	METERY C	RCREMATO	ORY	23d. LOCAT	ION		COUNTY	ζ1.	ATE
7		Bur		2/22/86	1	Holy Sa	viou	r Ceme	eteru	Beth	lehem	Nort	hamnt	on P	a
6		NAME NAME		- ADDRESS				12	250. DATE R	EC'D. BY REG	ISTRAR 23b.	REGISTRA	AR'S SIGNA	TURE	
ME (5))	Lec	onara J	. KUCK, _	Inc. 5305°	Hari	ora Koe	id 21	214	LEB	6 1 19	8p	Sin speed	I offices S.		

FOR

REGISTRAR

I. DECEASED NAME

- STATE

TTYPE OR PRINTS

038022

COUNTY STATE CITY OR TOWN \_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN STATE BP 2/5/86 Buria] Baltimore Druid Ridge Cemetery Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 - in weighten-Manager (VRA 15, 4) Ruck Towson Funeral Home, Inc. 1050 York

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

IF UNDER I YEAR

County

INDUSTRY

same as # 13

206. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

12b. KIND OF BUSINESS OR

(Unknown)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO IT

20 DATE OF DEATH

Clark Cont a formation of the second of Hagesternach Some Begand Parkence · 3 WILL . 26.186 572014 V. PATRY 6.1. 18805 368 g

	1 -	FOR STATE REGISTRAR	DEPAI		IEALTH AND MENTAL HYG	IENE 8 6	0 3	9.9	Ś		
		EASED NAME FIRST	MIDDIE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 25 HOU	R		
6134	LITTE	JEA	N		ZAHARIA	FEBRUARY 1	16, 1986	2:04	1P.M		
م ا	a SE)		4 RACE	5 DATE C	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER LYEAR IF UNDER	24 HRS		
rs of		MALE	CAUCASIAN		10, 1924	61	YRS				
Poor Poor		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	SA 5 8	DXX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH			
n 72		ROMANIA	U.S.A.	WIDOWE	4444	BALTIMORE	COUNTY		MD		
ed in	JO-CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPATION		KIND OF BUSINE	SSOR		
		RANDALLSTOWN		AL HOS	PITAL	LAB TECHNIC		PLASTICS			
E e i	USU /	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	212	208		
Filled 355	100.0		LTO BALT	_	YES NOXX			R, APT. B			
2 sh	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM			LAST			
1013C	)	BEN.JAMIN	ZISSM	IAN	SARAH	mode		KRAMER			
d con		AS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SE		17 INFORMANT	ADDRE	SS APT. B	-	-73		
Poge media	-()	res, no or unknown) [IF YES, GI	218-66	-1676	MRS. STELLA	ZAHARIA 26			211		
the i			nly ane couse per line far (a), (b),		100	1 4		APPROXIMATE INTER	DEATH		
phys navo		PART I DEATH WAS CAUS	ED BY	tin	yourchal do	Maretur		1 ar			
red ir red ic ev		IMMEDIA	TE CAUSE (o)								
tend an, o		Canditians, if any, which	DUE TO, OR AS A CONSE	SCVY	2-			1042			
andre of tro		gave rise to immediate	immediate )								
se re crei		underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF							
plea priol		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	O DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART Ito			
sign hen to bu	Z	TAKE CONTROLOGICATOR	CONDITIONO CONTINUONINO								
nit 1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED			
hos the permitted	IFIC	m	1			YES TO NOT	YES T	CAUSES OF DEAT			
dygie 8 sho	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	- 11.74	21c HOW INJURY OCCUR		RY IN ITEM 18 PART I	ORPART 2)			
m 18		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH								
Men he he	MEDICAL	(IF EITHER NOTIFY MEDICAL XAN INE	P.M. 21e PLACE OF INJURY	19	211 LOCATION						
the land	ME	WHILE NOT WHILE	LAT HOME STREET FACTORY OFFI	CE FARM ETC )	STREET	CITY OR TO	WN	COUNTY 5	STATE		
Afre as solith and the mark		AT WORK	pital) attended the deceased fra	m 7	112 10 7	3 10	2/16	86 that ill (v	wei las		
He us		saw the deceased alive a	2/1/	01	nd that in (my) (aur) apinian	death accurred on the do					
ECT and for		abave, (I) (we) (did) (did n 226 SIGNATURE	at: view the bady after death.		DEGREE			22c. DATE/SIGNED			
Dep Dep		12 Ma	· Flille	1	m/ ATTENDING	MEDICAL STAI	FF	2/17/6	-1		
RAL Store		224 PHYSICIAN'S NAME LIVE	OB BOINTS	1	122e ADDRESS	DIRECTOR   PHYSIC	IAN	2/1/9	6		
d be						OSS COUNTRY	RI.VD				
should be d		DR. MAURIC					DII.D.				
	230. 8	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	_		STATE		
		BURTAL	2/18/86	ARLING	TON CEM	BALTIMO		MARYLAND			
	24 FI	JNERAL DIRECTOR	LEVINSON & BROWN RD. BALTO, MI	OC TNO	250.0D.AT	BEZ BY REGISTRAR	TOO KEGISTKAK	SSIGNAMANDAL	-		
1 - 16 60M 7/84		NAME SUL	LEVINSUN G ADRA	no TIME		041 1980	1 2 2000 11	acoust of a			

STATE OF MARYLAND

	1		- V				MARYLAND		1/1		
000000	11-	FOR STATE					AND MENTAL			/	
044151		REGISTRAR		WE		NER'S	CERTIFICATE C		REG. NO	9 9	1 4
		CEASED NAME PE OR PRINT)	FIRST		WIDDLE		LAST	20 DATE I OF DEATH	KNOWN MON	IH DAY YE.	AR 26 HOUR
PLEASE ECTOR. FILES. HOURS STREET,			/IRGINI		EE RUTH		PALA		MATED TEL	US149198	5 5 Any
STATE	3 SE	X 4. RA	ACE S.	DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTI		NDER 1 YR. IF UNDER	24 HRS. 20 DATE	CED	H PAY YE	AR 2d. HOU
SARY, PLEASE AL DIRECTOR. YOUR FILES. IIN 72 HOURS STON STREET,		, F	W	9/ 29		YRS.		DEAD	tobyva	ny 9150	SAM
ESSAR RALE THIN ESTO	E	IRTHPLACE (STATE O	R 71	CITIZEN OF W		8 MARR	HED NEVER MARR	IED . P. BALTIM	ORE CITY OR COL	NOTY OF DEATH	
と言う	and a	IARYLAND		U.S.		WIDOV		00	UNTY		W
2 P 5 P 5	10 C	ITY OR TOWN OF D	EATH 1		SPITAL, NURSING HO		HER INSTITUTION	12a USUAL OCCUP		OR IND	JSTRY
( 3937.02		ALTO. CO				PITAL		HOMEMAI	KER	HOM	E
		AL RESIDENCE (# IN)			13c. CITY OR TOWN		134 INSIDE CITY LIMITS?_	13e STREET ADDRE	SS		
E 438582	1	MD	BALT	IMORE	GLEN AF	MS	YES NO [X	11552 G	LEN ARM	ROAD	21057
MA TANA	14. F.	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAID	MI	DDLE	LAST	
A SERVE	P	JOHN		Η.	GREEZICK			INIA	E.	SI	MOTA
WW THE STATE OF TH		WAS DECEASED EVE res. NO. OR UNKNOWN)	(IF YES, GIVE WA		166. SOCIAL SECUR		17 INFORMANT		ADDRESS		
A AND TOWN		NO			219-34-1	610	DEBORA L.	CAIN 37	07 BAY	DRIVE	21220
T WE W		18 CAUSE OF DE	ATH (Enter only o	one couse per line	ty for the god scry			41, 13,30		BETWEEN	MATE INTERVAL
ON 24 H		TAKITOCAIII	IMMEDIATE		4 4Ph	40	-	/		Duco	Else
W. PRESTON WITHIN 24 ENCIL IN ITE MINER ALON TRANSIT PE ENTAL HYGIE		Condition 1	and the second	DUE TO CH	A) A EDINSEQUENC	5/OF		1/1	7		
W. PRESTING WITHIN STANDER ALL TRANSIT NITAL HYCOR REMOVED		Conditions, if	o immediate	(b)	senen	-/	nestal	ralul	Vesta	015	7, "
201 W. PRE UTED WITHII IN PENCIL I EXAMINER EXAMINER MAILTIME D ON, OR REA		couse (o) stati		DUE TO, OR	AS A CONSEQUENC	E OF	/			1	
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 ORTHING THE WORD. "PENDING" IN PENCIL IN ITEM REDED TO THE CHIEF WEDICAL EXAMINER ALONE 3 SHOULD BE USED AS A BURIAL - TRANSIT PENCE PERRATIVENT OF HEALTH AND MENTAL HYGIENE OF PRIOR TO BURIAL, CREMATION, OR REMOVAL				(c)						1	
PA BICA BILLA BILL	7	PART 2 OTHER SIGNIFIC	ANT CONDITIONS COR	ITRIBUTING TO OF ATH	BUT NOT RELATED TO THE TE	RMINAL OISEAS	SE OR CONDITION GIVEN IN PA	RT 1 ca			
RECO BE BE B	CERTIFICATION	190 DATE OF OPE	DATION	Tial could	TION FOR WALKELL OR	FDATIONIN	/AC BERT OR LERO				
CERTIFICATE SHOULD CERTIFICATE SHOULD CERTIFICATE WORD "PE DED TO THE CHIEF N E 3 SHOULD BE USED. E DEPARTMENT OF HE OF PRIOR TO BURIAL, O	\$ 5	178 DATE OF OFE	KATION	190 CONDI	TION FOR WHICH OP	ERATION	VAS PERFORMED?			20 AUTOR	
F VIT.	4 2	21a EXTERNAL CA	USEWAS	216 TIME O	F IN ILIPY	121, H	OW INJURY OCCURRI	D JEANTED MATHRE OF MAIN	INVESTIGATION OF	YES [	NO X
A HE VELLE A LE VELLE		UNDERLYING	OR	HOUR A.A	A. MONTH DAY YE	AR	OW HAJORI OCCORRI	D (EMIEK MATORE OF MA)	OKT IN TEM TO PART TO	CPART 2)	
ISION ING THE TO	DICAL	CONTRIBUTING [		21e PLACE		21f LC	CATION				
DIVIS IS CER IRITIN RADED GE 3 SI TE DEP	MEDI	WHILE NO	OT WHILE		TORY, FARM ETC.)		STREET	CITY OR TOV	VN	COUNTY	STATE
TSAdd-		AT WORK AT	WORK			-		0			
A S S S S S S S S S S S S S S S S S S S		22a I certify the	of I took charge of	of the remains de	scribed obove, held on		osy , Inspectio	n Inquiry	LJ, ond in my	opinion	
EXAMINER CERTIFICAT DIRECTOR WITH THE		death resulted for	Hoturol	causes .	Accident	Suicide	Homicide .	Undetermined mo	nner,	,	1
MAN WANTED		ACTUAL	- 1	1101		01	THILD SPECIFY!	-	DA	TE Zb	101
SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	-	SHOP STUDE Z C	ances	Cone	THALL	17.11	10 garen	MEDICAL EXAM	INER SIG	NED //	Sp.
MEDICAL CUTE THE SE 4 SHO FUNERAL FER DEATH	4	EXAMINER'S NAM	E CHARL	ES F. (	D'DONNELL	MD	ADDRESS 750	1 YORK F	ROAD 2	1204	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIRE DEATH, WITH THE STAME MARYLAND, 2	230 P	URIAL, CREMATION			123¢ NAME OF C			23d. LOCATION			
BP	(	BURIAL			BENORELAN		M. PARK	BALTIMO	RE CO.,	MARYI	AND
	24. F	UNERAL DIRECTOR	7.0	,			250. DATE	REC'D. BY REGISTRA	R 256 REGISTRAR		
DHMH - 17 (VR A15 ME (5))	WI	LLIAM E	. JOHN	SON852	LOCH RA	VEN	BLVD FE	B 1 0 1986	Julia Neur	igoan-Mana	المالات
20M 4/B2						1 4474 1			1'		

LETTER OF THE LOCAL PROPERTY OF THE LOCAL PR

ACCUMATION OF THE PARTY OF

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN TYPE OR PRINTI ESTI-DEATH MATED ZEUCH Otto Jr. JOSEPH 4 RACE IF UNDER 1 YR. IE UNDER 24 HRS DATE OF BIRTH 6 AGE (IN YEARS DATE LAST BIRTHDAY) PRONOUNCE DEAD MALE W 9 BALTIMORE CITY BIRTHPLACE MARRIED VI NEVER MARRIED Maryland U.S.A. IN NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH SALESMAN JOSEPH HOSPITAL TOWSON 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE YES [ TOWSON BALTIMORE MD 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Elsie Stiegmann Zeuch Joseph Otto Zeuch Sr. 17 INFORMANT 16h SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-36-7252 No Mrs. E.S. Zeuch 728 Dunkirk Road 21212 18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ BUR NO I WARDED TO THE CHESTAGE STATE DEPARTMENT CONTROL TO BUT TO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM TIE PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED LATHOME STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY WHILE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH WITH THE STATEMENT AS ALTIMORE MARYMAND, 2 27s. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my apinion Undetermined manner Hamicide SIGNED EXAMINER'S NAMECharles F. O'Donnell 7501 York Road 21204 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) Baltimore City Cremation Md. 2/18/86 Greenmount BP 256. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Mitchell-Wiedefeld Home 6500 York Road 21212 (VR A15 ME (5))

20M 4/82

-200020 its all-sizedefal one ofth order 2012

TO HOSPITAL

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

041111

at in the tuneral director, page 3

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely likely blood be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 slicing with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical experiment.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	BREG &	D	0 3	9 0
1. DECEASED NAME FIRST (TYPE OR PRINT) An		a Ziegler	L	AST	February	4, 19	86	5:10 PM
3. SEX	4. RACE		5. DATE C	of BIRTH 1913 4 5 6 7 1913	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
FO BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF	what country?	8.	D NEVER MARRIED	Baltimore city of Baltimore			MD.
Towson	Mano	r Care - ]	Ruxto	or other institution	120 USUAL OCCUPATION OF Clerical		126 KIND C INDUSTRY State	e of Md.
	or other institution. JINTY timore	136. CITY OR TOWN Baltimo	1	YES NO XX	13e.STREET ADDRESS 8656 Saxo	ZIP CODE on Cir	cle	21236
Ch.arles A					Weiss MIDDLE		LAS	ST
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	RMED FORCES?	214 30 4		Mrs. Linda K	ADDR			
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one couse per SED BY ATE CAUSE (a)	ASPIR,	ATI	ON PN.	EUNON	iA	APPROX	ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUENT R AS A CONSEQUENT RIBUTING TO DI	V		ENTIA		EN IN PART I	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH C	OPERATIO .	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	WERE FINDI	NGS USED S OF DEATH?
	EATH HOUR A.	M. MONTH DAY	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P.	ART I OR PART 2)	
OR CONTRIBUTING CASS OF D  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE	21e PLACE		RM ETC )	211 LOCATION STREET	CITY OF TO	NWN	COUNTY	STATE
220.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did	n yau	19	6,.01	nd that in (my) (aur) apinian	, tadeath occurred on the d			that (I) (we) last causes stated
228. SIGNATURE DELL'AN	28-6	ane		DEGREE ATTENDING PHYSICIAN []	MEDICAL STA		22c. DATE	SIGNED
Celiar E.		/ID		ne ADDRESS 7122 Harford	Road Ba	1timor	re, Md.	
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23h DATE 2/7/			emetery or crematory wood Cem.	23d LOCATION Baltimo			STATE
24 FUNERAL DIRECTOR  MTTCHELL -WTFDFF	TETT HOME	T N C	6500		BO 6 1086		RAR'S SIGNA	

1 - reject of a contract of ol in The short call agent I am and LILLE DE VILLEY CONTRACTOR of the second se . The second is a second secon and a control of the control of the